

HEALTH & HUMAN SERVICES COMMITTEE

of the

Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on June 8, 2006.

Members Present:

Legislator Eli Mystal • Chairman
Legislator Steve Stern • Vice•Chair
Legislator Jack Eddington
Legislator Edward Romaine
Legislator John Kennedy

Also in Attendance:

Legislator William Lindsay • Presiding Officer/District #8
George Nolan • Counsel to the Legislature
Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature
John Ortiz • Senior Budget Analyst/Budget Review Office
Diane Dono • Budget Analyst/Budget Review Office
Barbara LoMoriello • Deputy Chief of Staff to Presiding Officer Lindsay
Fran Siems • Aide to Presiding Officer Lindsay
Paul Perillie • Aide to Majority Leader
Linda Bay • Aide to Minority Leader
Ben Zwirn • Assistant County Executive
Brendan Chamberlain • County Executive Assistant
Jacqueline Caputi • County Attorney's Office
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services

Dr. David Graham • Chief Deputy Commissioner/Dept of Health Services
Len Marchese • Director of Management & Research/DHS
Vito Minei • Director/Division of Environmental Quality/DHS
Walter Hilbert • Division of Environmental Quality/DHS
Liv Peterson • Suffolk County Employee Health Services
Laura Ahearn • Executive Director/Parents for Megan's Law
Honorable Madeleine Fitzgibbon • Supervising Judge/SC District Court
Steven Moll • Island Public Affairs
Mike Stoltz • SC Coalition of Mental Health Service Providers
Anita Fleishman • Executive Director/Pederson•Krag Center
Sandy Sullivan • Legislative Director/AME
James McNaught • 4th Vice•President/AME
Laurel J. Breen • PAC/Public Health Nursing Committee
Pat Schecher • Public Health Nurse
Victoria Lipari • Treasurer/SC Association of Nurses
Colette Coyne • Colette Coyne Memorial Fund
Cheryl McHongori • Associate Director/LIMAC
Jill Williams • LIMAC
Greg Fischer • Americans for Legal Reform
Janet Ullrich • Long Island Families Together
Kim Spicciatie • Resident of East Islip
Christine Heeren • Pres.LI Chapter/National Autism Association
Cristina Bonuso • Nominee/Suffolk County Youth Board
Joyce Cattani • East Islip SEPTA
JoEllen DeLuca • East Islip SEPTA
Joe DeLuca • East Islip SEPTA
D. Plumitello • Kids First, Inc.
Stephen Friedman • Executive Director/United Cerebral Palsy of Suffolk
Susan Eckert • United Cerebral Palsy of Suffolk
Pat Caso • United Cerebral Palsy of Suffolk
Ty Henry • United Cerebral Palsy of Suffolk
MaryBeth Palo • Harborfields SEPTA
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 12:35 P.M.*)

CHAIRMAN MYSTAL:

Would you all please rise for the Pledge of Allegiance led by Legislator Romaine.

Salutation

Thank you very much. You all may be seated. Thank you very much. We have a couple of presentations that we would like to start with. I want to introduce, for those of you who don't know her, Judge Madeleine Fitzgibbon who is here.

JUDGE FITZGIBBON:

Good morning, everyone. Thank you for inviting me. Good morning, Mr. Chairman. Good morning, Members of the committee and all my friends, past and present, in the Suffolk County Legislature. This is a very momentous time for me and I'm very happy that you've asked me to come and speak a little bit about the new Suffolk County Mental Health Court.

As you may know, Chief Judge, Judith Kay, who is the Chief Judge of all the courts in the State of New York, has taken, over the last 13 years, a different approach to jurist prudence in our State. Along with the traditional crime and punishment, there also now is this idea of looking at courts as problem•solving courts and that whole process began with the institution of Drug Treatment Courts followed very quickly by Domestic Violence Courts and the Mental Health Courts now which are starting to come into their own.

These courts kind of present a panoply of different problems because of the intensity of the services that are required to support whatever we do in the court. And just to give you a little idea of how the court functions, our court opened in February, right now we probably have about a dozen active defendants. One of the hallmarks is that the person be nonviolent, but that criteria really is looked at on an ad hoc •• on a case by case basis. It's a collaborative effort with the District Attorney who has been enormously supportive of these problem•solving courts because without their consent

the defendant would not come into the court.

So just so you all have an idea of how it works, and I have a little handout that I'll leave with the chairperson and these can maybe be distributed to those at the horseshoe and whatever is left over to some of the public. It's a specialized part and the whole focus is to have a meaningful response to individuals, defendants who are charged with a crime but whose recidivism is really rooted in their mental illness; but for the illness and the proper treatment of it, the likelihood is they would stop committing these crimes.

The number one goal is, of course, always public safety. And this is, in our estimation, a way to improve public safety because without significant intervention, these individuals will go back into their environment, without treatment, without assistance, without proper medication and start offending again. So we feel that the public safety issue is right up there in the forefront when we address in a more wholistic way. Also, it would improve our ability to identify these individuals who are in the court system to get them into treatment and then to hold them accountable.

There are so many •• there's so much stigma attached to this particular illness. If I were here today talking about breast cancer or any other heart disease or diabetes, nobody would even blink an eye at the necessity for treating those people properly and humanely and with dignity. But when we get to the area of mental illness, everybody kind of sits up a little bit straighter and there's so many preconceived ideas and notions that have just kind of grown over the years, many of them totally erroneous. And it's kind of a sad commentary, this is my own editorializing, but to me it's a sad commentary that such a great country and with so much resource can really kind of give such short shrift to our citizens who suffer mental illness. And especially now in this point in our evolution, medical evolution where we have hope.

You know, Jimmy Carter was the last President, before President Bush last year, to do a complete national survey on the status of individuals with mental illness in the United States; almost 30 years from one President to another. And of course, 30 years ago there were very few medications that could promise any kind of meaningful existence in the community, but that's

not true anymore. And we know now that when people get proper treatment and they're supported specifically in their own communities with the right treatment, the right environment, that they can function beautifully in our society and make contributions and keep their families in tact.

So this court is a tiny little piece of this. This court does not ignore the responsibility of the individual for his or her criminal act, but it does look at it a little bit differently. And I can tell you, in the short span of three months, the few individuals that I have now who have become stabilized with proper treatment and proper medication and decent housing and clean clothes and three meals a day, these are people who are living on the street, drug addicted, abused by the people in their _melu_, these people now give me such a sense of hope.

One person in particular, and I'll call her by her first name, but when she first presented in court she was charged with a grand larceny, it's a serious felony, and she was headed for jail. She was prostituted most of her life, she was drug•addicted, she was abused by the man who was her partner, the little bit of money that she was getting from SSI I believe was being diverted for drugs and for other things, not for her benefit. She had •• her physical appearance was awful, she had no teeth, she was in her early 40's, she looked like an old beat•up, horrible •• horribly neglected human being. And in the short space of about two months, we took her into the court, she took a plea to her crime, there is a break•out that they agree to upfront. And I should just as an aside say the issue of competency under the law is addressed right away, because mental illness doesn't mean that you're incompetent, it doesn't mean you can't function in your community. And now when she comes in to see me, she has clean clothes, she's put some weight on, she's been to a dentist, she's engaged in social activities, she's in safe housing, she's a human being with all the dignity that all of us are supposed to have, and all of this because she suffers mental illness as opposed to some other kind of illness.

So the one thing I've said at any opportunity that I've had with this court, this is a tiny little piece. You know, we don't •• we're not dealing with the whole population, we're dealing with a tiny percentage of the population who

happen to get involved in the criminal justice system. They're over represented in the jail, they create problems for all of you because they raise the numbers in the jail, they stay longer in the jail, they create safety concerns for the officers who have to deal with them, they don't get treatment in the jail. Although I have to commend our Sheriff and the staff from the Department of Mental Hygiene Services because now there's more intrusion into the jail to try to address their needs to help keep these people moving in a more positive fashion. But I think it would be probably the biggest crime and a moral sin if as a society the only way a citizen in Suffolk County could get good services if they suffer mental illness is to get arrested, because every citizen who has a family member or a loved one who suffers a mental illness should be able to come to this wonderful County and get the services that they need. And it's never been a priority and it has to be a priority.

Michael is going to talk to the specifics about the need, but I can tell you I learned one vocabulary word that will never leave me and it's capacity. Every aspect of service that is there has been put in place for this population, has been decreased which to me is so astounding, that instead of •• even just keeping the status quo and letting us deal as best we can with what we have, it's all been decreased. So it's kind of heart breaking when you have someone who needs inpatient services and they can't get them because the beds now have been cut, or even worse where the detox centers, hospitals have more of an incentive to open up a cardiac care unit than they have to open up a detox center. Well, what do I do with someone who's been so overdosed on drugs and needs to have that month of medical supervised detoxification? There's no where to send them now.

And all of these things are all tied together in this huge maze and I'm going to trust that all of you who have been elected to represent us and who have our concerns near and dear to your heart will do what you need to do to put this up a little bit higher on the pecking order. I know there's so much competition for the few tax dollars that we have, but this is really important and it does •• it affects every family in this County. I think the national statistic is that one in four Americans, think about this, suffers a mental illness from the most benign which could be a mild depressive episode to the most severe which could be a psychotic break with someone suffering

schizophrenia. So somewhere in that arch of different degrees of illness, we have to be able to put resources together to help.

And I'm proud that the State has acted at least in acknowledging the burden that this population creates in our jails, because as you all know, the two biggest mental institutions in the United States are Riker's Island and the Los Angeles County Jail; how sad. And we were all so worried 30 years ago about Willowbrook; well, we've created a monster in 30 years instead of addressing the real problem which is right here in our own community.

I don't know what else I can say except I'm very proud to be part of this court. And I have to compliment my County partners, because without the help of the County Executive and the members of the Department of Mental Hygiene and the Sheriff and his people at the jail, this wouldn't work, this is a collaborative effort, we're all trying to do the same with very little and we're here to ask for more. So thank you very much for having me here, I turn it over to you, Michael.

CHAIRMAN MYSTAL:

Michael?

MR. STOLTZ:

Thank you, Mr. Chair. Thank you for allowing our coalition to help facilitate this opportunity for Judge Fitzgibbon to join us and to ••

CHAIRMAN MYSTAL:

Could you just for the record state your name and who you represent?

MR. STOLTZ:

Sure. Michael Stoltz, I'm the Executive Director of Clubhouse of Suffolk, and also I'm here in the capacity as the Chair of the Suffolk Coalition of Mental Health Service Providers. Along with me today is my Vice•Chair, Anita Fleishman who is also the Executive Director of Pederson•Krag Center, and to my right is Steve Moll who assists us with Legislative affairs by way of Island Public Affairs, his firm.

Thanks again for the opportunity. There's no way that you can follow the

Judge and be more eloquent or even come near as that. We are incredibly fortunate, as she was pointing out, that we have the right team put together to be able to do the right thing. Unfortunately, in this County we have, like is happening all across the country, we have what was a social problem, what was a health problem that has gone untreated, it has become a social problem and has become a fiscal problem. And that essentially is what we're here in front of you today, to say that we can do more now that we have the Mental Health Court, we have the right people involved in terms of leadership from our Health Services Department, our Mental Health Division, the Sheriff's Office and Probation, parole. And I want to tell you that the coalition, which consists of 24 non•profit agencies serving nearly 40,000 people each year, include mental health services from ages three to 83, we're prepared and ready to do this, too, given the right resources.

Just turning that forward a little bit •• did we distribute that?

MR. MOLL:

It's out already.

MR. STOLTZ:

We distributed to you kind of a concept which looks at kind of our current state of affairs with respect to reports that were generated from our Suffolk County Criminal Justice Coordinating Council that identified the high degree of •• the high presence of people with mental illness in our jail. And as of this moment, we understand there's probably around 300 people with mental illness and about 75% of them are nonviolent, are there for nonviolent crimes. And to put this toward a financial concept, and we have been discussing this also with the County Executive and we are fortunate that following the work under the Gaffney Administration. We are also fortunate that our County Executive has taken a major leadership role also in recognizing that mental health services and mental health needs need to be addressed and he's been taking that argument, along with us, to our State contingent and to the Office of Mental Health to be able to try to make sure that we get our fair share.

But nevertheless, we are burdened with people in our jail and in our emergency housing system, our jail costs us nearly \$200 a day, a hundred

percent of which is County funds and emergency housing that can be 80 to \$100 a day, a hundred percent paid for by the County. And essentially, we've got a better idea and this idea has come because of a whole lot of brains that have been put together to look at another range of services.

If you •• in your packet, for example, if we were to divert a hundred nonviolent people with mental illness, the cost for a hundred people at \$200 a day times 365 days a year is about \$7.3 million. For \$7.3 million we can buy a lot of quality community mental health services that takes advantage, as the Judge said, of the prevalent contemporary evidence that exists about good practices to help divert people with mental illness, to help people with mental illness lead productive and satisfying lives and stay out of our institutions. So in front of you is a proposal that talks about housing services, case management services, clinical services, vocational services and education and training services.

CHAIRMAN MYSTAL:

Go ahead. Anybody else?

JUDGE FITZGIBBON:

Does anybody have any questions?

CHAIRMAN MYSTAL:

I just want to make sure ••

MR. STOLTZ:

That's it.

LEG. ROMAINE:

Yes, question.

CHAIRMAN MYSTAL:

Anybody else? Okay, before I open this for questioning, I want to let the committee and the members at large that I sat down and talked with people from the mental health, mental hygiene. And just a personal moment, a couple of •• two days ago in Newsday there was a small obit in the pages of it and they talk about a young women named Valerie Burgher. For those of

us who have been around here for a while, we remember her sitting in the press corps working for Newsday and she committed suicide because she fought Bipolar Disorder all her life. She was a Yale graduate, a fantastic writer and a good political mind and she committed suicide, and this is what we are addressing now.

And as, you know, Judge Fitzgibbon said, we did something about Willowbrook but then we created another monster, because if anybody wants to trace back homelessness, we can trace it back to the closing of many of our mental institutions, not that they were not supposed to be closed because most of them were housing, but the money and the care that was supposed to come after the closing of Willowbrook and many of our mental institutions never came. And therefore, now we are paying the price of having our jail basically being used as a mental facility. And Judge Fitzgibbon is absolutely right by saying the biggest mental institution in the nation is Riker's Island and the LA County Jail.

So what we are being asked is a small investment in that, in mental health, that would reap huge benefits later on by reducing our jail population, by reducing our homelessness, by reducing our social services costs and by reducing the costs of our health clinic, and also by reducing emergency room admission. So I will open the questioning to the other members; anybody? Legislator Romaine, then Legislator Kennedy.

LEG. ROMAINE:

First of all, I want to commend the Chairman for eloquently summarizing some of the problems that have afflicted the mental health situation in this County, but let me ask you some direct questions, if I may. Let's say I'm a •• have a degree of mental illness that is really debilitating my life and I've gone through my money, I don't have any money left and I seek help in this County; just walk me through, if you would, the process, if there's waits, if there are any waiting lists, how long it is for me to get service currently through County government, because a lot of people commended County government and I know we're doing all that we can, I would hope we would. But I just want to understand the process because I've heard from a number of people that the current system really is not that effective, there are gaping holes in it and I'm concerned. So walk me through the process,

if I have a mental illness that's really debilitating my life, I've lost all my money, I seek help from the County, what happens next?

MS. FLEISHMAN:

If you are not at imminent risk for taking your own life or someone else's, you most likely will wait three to six months for an appointment at a County or a County•contract clinic. The system is a good one, there's just not enough of it. It is super, super saturated at this point, and there are many people who are waiting an amount of time during which their symptoms worsen, which they do frequent emergency rooms and hospitals costing the County a lot of money.

LEG. ROMAINE:

And jails.

MS. FLEISHMAN:

And jails, and this is •• these are the people that are now waiting to get in, they're self•medicating possibly with substances.

LEG. ROMAINE:

So they're into •• they may be using drugs.

MS. FLEISHMAN:

Absolutely, to self•medicate.

LEG. ROMAINE:

Right, to kind of kill the pain.

MS. FLEISHMAN:

Right, absolutely. So the system that is in place is fine, it's just not adequate to take care of the needs of the population in Suffolk County at this point.

LEG. ROMAINE:

Let me ask a second question. You gave a handout in which you made a recommendation, I think it was in keeping with the Judge's

recommendation, of \$7.3 million; I assume you're looking for that in the 2007 Operating Budget, or would you be looking for it sooner?

MS. FLEISHMAN:

Oh, we'll take the 2007 Operating Budget.

LEG. ROMAINE:

Have you had extensive discussions with the Executive? As you know, under our current system the County Executive will release his proposed 2007 budget the third week in September. Have you had discussions with the County Executive •• I wish Mr. Zwirn •• oh, here he is.

CHAIRMAN MYSTAL:

The Zwirn is here.

LEG. ROMAINE:

The County Executive's representative is here. Have you had discussions with the County Executive on whether he would be willing to commit to include this in the 2007 Operating Budget?

MR. MOLL:

Legislator Romaine, we've spoken with the County Executive for the last three years on the creation of Mental Health Court. A part of our request to him was always that the capacity dollars needed to be included in that. The County Executive, to his credit, made this a focal point of his Legislative proposal to the State, he included the money, I mean, but the State is •• we're working on the State as well but we don't see it forthcoming. It's only since the administration change in the Sheriff's Department that we could get any kind of real figures as to what we could save from that department and that's where this number has come. And this •• let me point out, this 7.3 is using 100 out of approximately 300 cases that are in there now. We tried to be as very •• as conservative as we could be with these numbers because we didn't want to •• we didn't want to over adjust and use fuzzy math we're looking for an actual number.

LEG. ROMAINE:

And the 7.3 is County money that you're recommending.

MR. MOLL:

Exactly, this is what we're spending now on a hundred patients in the jail.

LEG. ROMAINÉ:

Right.

MR. MOLL:

If we got those one hundred patients out and we could find a place to house them and treat them, we'd be spending the same amount of money but we would be providing services to them and keeping them out of our jail.

LEG. ROMAINÉ:

So it's really no extra dollars, it's just a commitment of shifting the dollars. There may be some upfront costs is what you're saying, but other than that, once the program is up and running, this is a shifting •• a cost shifting.

MS. FLEISHMAN:

We would like an opportunity to demonstrate that if we can have the appropriate level of care for these people being diverted from the jail, we can •• we can help them become active community members that are no longer •• no longer facing recidivism for crime, nor for mental health issues.

LEG. ROMAINÉ:

Thank you very much. And Judge Fitzgibbon, it's always a pleasure to see you.

JUDGE FITZGIBBON:

Always, thank you.

CHAIRMAN MYSTAL:

Let me correct something for Legislator Romaine. What they are asking is not a shifting of money, because it's an investment because you still are going to have to deal with the people that are now crowding our jails while you are making the investment.

LEG. ROMAINE:

Right.

CHAIRMAN MYSTAL:

And as you make the investment, you will see that the drop, if you were to do an analytical curve, you will see the drop in recidivism and that way it will reduce your savings. Yes, Judge?

JUDGE FITZGIBBON:

Can I make one last point? I'm not a budget expert, but having supervised the District Court for last six years you learn a little bit about budgets.

But what I see happening actually is it's more of a systems analysis. Actually, the County Executive, through the Criminal Justice Coordinating Council, I like to think of this jail crisis as the perfect storm to bring this issue to you and to the County. Because what happened in the investigation of what the cost of a new jail expansion would be to the County opened up everyone's eyes to our systems and how they interrelate, and how even though we're on different levels of government, we're really all spending the same dollar, it's the same taxpayer; no matter how you slice and dice it, it's the same dollar that's getting diverted or used in a different way.

There are so many creative things that came out of that discussion. I happen to be blessed with a really terrific Chief Clerk, so he's the operations guy in my courthouse and he sits on all of these committees; one was on the jail overcrowding issue and another one was on the systems committee. And just by talking, just by understanding how the Sheriff processes people, how the Police Department utilizes its diversion program, where the gaps were in beefing up some of the departments. I have to tell you, Probation is probably the most cost effective tool for the County and for me, and yet they're constantly being stressed because they don't have enough caseworkers. Well, you can't expect to keep people out of a jail cell if you don't give the Judge and the courtroom an alternative to the jail cell, and the alternative is appropriate, proper supervision in the community. You can't expect that to happen if you have probation staff that is so overstressed that one Probation Officer is dealing with a hundred or more cases; I don't feel comfortable putting another person in that person's care because

I know it's humanly impossible to properly supervise someone when you have that much caseload.

So you can't think about this •• respectfully, I don't think you can think about this as saving money. The money is there, it's shifting it around, it's using it in a different, more creative way, perhaps funding different lines in different departments so that the end result, at the end of the process, is that the people don't wind up in the most expensive, least productive place in the County which is the jail, because it's just perpetuating the problem.

If, as Anita said, there's intervention that's meaningful once they come through the system, and we're just talking about a small percentage, forget about all our taxpaying, loving, loyal citizens who happen to have mental illness who are not getting services either. Those •• that's going to have a dramatic change in the years to come because that population will decrease because now they're productive in the community.

Just as an aside, I have to tell you, it's really stressful for me. Because having spoken with Anita and the others who work in this field, I know the court carries clout, so if I call her up and say, "I need to place this defendant immediately," some mother who's been knocking on her door begging her to take her 17 year old daughter because she thinks she's suicidal is going to get bumped another six or seven or eight weeks because I take priority over that one bed or that one placement. So it's so critical to have •• and I have to tell you, if I get the case in to my court and there are no services available, and I mean housing, I'm not taking that case. That person is going to go through the criminal justice system, they'll either try the case or plead out or get a jail sentence, nothing will happen with their mental illness and they will be back in your system as a bigger financial burden than they would have been if they had gotten some treatment.

So I don't know what else to say except that I trust that all of you are going to really put your thinking caps on and come up with something really meaningful for our citizens out here who are struggling in this area.

CHAIRMAN MYSTAL:

I have my list; Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you very much, Judge. I mean, you know, I've had an interest in this and I'm pleased to see that it's come to the point where Mental Health Court is now operational. And I commend the County Executive for taking the initiative to go ahead and move this to this level of actual implementation. As you said, Chief Justice Kaye has been very visionary in her work across the board in many of the human service areas, even beginning with the work with Family Court many years ago from which this has kind of come as an outgrowth.

Several questions come to mind, and as you laid out the way that a •• and I almost hesitate to call them defendant, but the individual has committed a crime, been charged with a crime, so yes, in fact, they have a patient as well as a defendant. But who makes the recommendation that a defendant actually be seen before you, Judge; how do they get there?

JUDGE FITZGIBBON:

Okay. Most of the referrals actually come from the court. The person is in the system, has been arrested, so it will either be the District Attorney who is agreeing now to use this process and my •• I have a resource coordinator, this is my contribution to the court, and that individual will get the request from a family member or the defense attorney and they think that this person, because of the initial information that we get from Probation, indicates that there is a mental illness here. And I mention Probation because we're having difficulty, they're having •• Probation is having difficulty staffing their ROR unit because they have a lack of supervisory personnel. And that ROR, that's Release on Own Recognizance, that's an evaluation that's done initially for the arraigning Judge so that the Judge can make a determination whether the person stays in custody in your jail or is released to the community. That information is very superficial, but it sometimes is enough to trigger a request to have the case referred to my Mental Health Court.

And obviously, if there's any institutionalization that's taken place or if the person is on known psychotropic drugs that we know are attached to certain mental illnesses, then it gets referred to the court, the District Attorney

looks at it, evaluates the nature of the offense and actually does speak with the victim if there is any violence involved. We do have some people who have robbery charges where the victims are known to the defendant and they want the person to get help. And then once that comes on my court calendar, that's usually within the first few days of arrest, then it's sent to the Department of Mental Hygiene. And I have been given a nurse practitioner, a psychiatric nurse practitioner who will do a formal psycho/social evaluation with a recommendation for treatment; I usually get that within two weeks.

So we're trying to minimize the time that the person is in custody, but we're also very mindful that if there's no place for that person to go safely, I'm not going to release the person until I know that there is a safe place for them to land. And that's where the critical issue of housing comes into place, because many of them are on the street homeless or they're living in such substandard housing that you just •• you can't maintain them there.

So once they're accepted into the court, they sign a contract with the court which is actually a •• it's a plea negotiation that's worked out between the District Attorney and the defense attorney, and what the person does is plea to the crime. And usually if •• we're focusing on felonies because as a court we have more leverage with the sentence and get better compliance. They plead to •• and I'll give you the example we used with Lisa. She plead to grand larceny which is •• I think she took it on the E felony level which has a maximum sentence of four years. She agreed to a one year sentence and if she does the program •• which is a minimum 12 months in the Mental Health Court, but the average has run about 15 to 18 months •• if she's compliant, goes along with the individual treatment plan that is put together by the mental health professionals, then at the end of that period of time, it's not a graduation but it's really a completion of her compliance over that time, the people will allow her to vacate her plea to the felony and that application is made and granted and then they reduce the charge even further or dismiss it outright. So the benefit to the defendant is avoiding a serious criminal conviction or maybe avoiding a conviction at all. And it's a huge incentive for a defendant, especially when the case is a pretty strong case for the people to prove.

LEG. KENNEDY:

Clearly, clearly there's benefits across the board, and certainly, the ability to go ahead and diminish or avoid a criminal record, I guess, is important. But the other points that you bring up, I guess, are critical points that, you know, everybody that's around this horseshoe knows. When you speak about the housing component in particular, and now I guess I go to Mike and to Anita, as far as when you look at proposing expanding beds for mental health afflicted individuals, what are we talking about; are we talking about you're looking for expansion for the group home models, you're talking about something that is a larger capacity facility? What is it besides the numbers that we have on the page?

MS. FLEISHMAN:

The whole •• I can't stress enough the need to provide to these individuals that we're talking about to get the appropriate level of care. If they're not in the appropriate •• at the appropriate level of care, this is going to fail and we're going to be viewed as, quote, "wasting money". We're talking possibly about a new model, we're trying to think out of the box. We need supervised type housing for these individuals. We need to make sure that they remain in compliant with the treatment recommendations, we need to make sure that they are following the areas that are in their best interest to follow. We cannot provide them with a less expensive model of maybe case management once a week or, you know, dropping by every other week to make sure everything is okay. We have demonstrated at this time that regardless of the population, there are people out there that need a much more supervised type of community residents than they're getting now. These are the people, for the most part, that are getting into trouble out there right now, not even talking about this population.

So we understand that community residences are very expensive and we're looking to have some kind of a compromise, some kind of a new model, a pilot project in which we're providing supervision on a less expensive level than a community residence, case management that's going to occur much more frequently than it would ordinarily, and mental health services, clinic services, vocational services that are going to be readily available and someone is •• we need a smooth, seamless system. And we have all the components of it, we just can't seem to like sew it together seamlessly and

that's what we have to do.

LEG. KENNEDY:

Again, I don't want to take up the time, there's many other questions around here from the committee, but Mr. MacGilvray is here and of course you must be engaging in this dialogue with our Division of Mental Health.

MS. FLEISHMAN:

Practically every day, and he's wonderfully receptive.

LEG. KENNEDY:

Absolutely.

MS. FLEISHMAN:

And is problem solving with us, we just need a lot more teams to problem solve with us because it's going to take a lot more than even all of us in this room right now to make this work. A lot of this is the State, we're negotiating with the State.

LEG. KENNEDY:

Again, I'm familiar with the whole litany, I know it well right from inception. I did ten years with the Office of Mental Health, so I know the whole deinstitutionalization process, the facilities, the group homes, all of it. And that's why, I guess, when I ask you as far as what will assist in these particular areas, and particularly if it's going to be housing dedicated to the Mental Health Court or as Mental Health Court eligible, I'm asking as far as how you view it.

MS. FLEISHMAN:

Well, our proposal would be for the hundred people that we're identifying in this project.

MR. STOLTZ:

I can just tell you that we have some outstanding, non•profit housing providers in this County who are leaders around the State, and I think what

Ms. Fleishman is trying to convey to you is we're ready to put together the best model. By looking around the State, there are now eight Mental Health Courts around the State, I think four of them are new, so there's information out there that can help us provide the right kind of staffing and the right kind of environment with the right investment.

LEG. KENNEDY:

Okay, great. Thank you very much for coming here. And please, keep me, you know, apprised of where things are going, I'll be happy, as will the committee, to support it.

CHAIRMAN MYSTAL:

Thank you very much. Legislator Eddington?

LEG. EDDINGTON:

Yes, hello. I find myself •• first of all, I support what you're saying and I would do anything I can, but I'm finding myself a little frustrated. Having been a licensed clinical social worker in a school district for 30 years, I can remember saying appropriate level of care and instruction and not seeing it. I hear us often talking about, you know, an investment in mental health, but then I don't see a commitment and I don't see the funding, which is what I seem to see.

We talk about proactive and early intervention and we do reactive and crisis intervention. We have a Federal government where Katrina, I mean, you know, there's no proactive thing there. We have the State with what Legislator Kennedy is saying with the deactivation and all of that. And then we see the County, and you mentioned it, Judge, probation, we have Probation, CPS and nurses, they do all the proactive early intervention and they're all coming before us saying they're underfunded and under equipped. So once again, I'm feeling the same frustration I've seen on the Federal or the State. You can go right to the school districts and they're taking back severely disabled children into the school districts to save money from the State BOCES program, but they don't adequately provide the support so the kids can get the care. I want to know what we can do to ensure that you are going to get the funding so that this can work, because we can just say do it, don't fund it and then we go, "Look, it didn't work."

So I want to know exactly, itemized, what we can do to help you to ensure that this is going to be effective, that you have a commitment behind it from the Legislature.

LEG. ROMAINE:

Put it in the Omnibus.

MS. FLEISHMAN:

Prevention is a wonderful option, but not for, in my personal view, in Suffolk County right now. We could provide as much education and prevention as we want to, and when the public, when your constituents are educated, they have no place to go. Because there's nothing sadder than the example that was given before, someone calling and saying that they think their child is exhibiting some symptoms and if they're not at imminent risk, they're going to wait to be seen. So we have to take care of the issues that we have now, absorb the population that needs treatment right now. And then certainly education and preventive work are wonderful, wonderful options, but all it's going to do is flood a system that can't absorb it, even now.

CHAIRMAN MYSTAL:

Legislator Stern.

LEG. STERN:

Thank you, Mr. Chair. Welcome to all of you, welcome Judge. Two questions, first of all, any idea, maybe offhand, what percentage of those participating in the Mental Health Court system, in the program, comply ultimately with the recommendations, with the plan of care?

JUDGE FITZGIBBON:

Well, it's really too soon for the Mental Health Court experience to give you any kind of statistical data. But anecdotally, we are kind of analogizing to what happens with our Drug Treatment Courts, because many of the population •• in fact, we actually thought we were going to get most of our early referrals from the Drug Treatment Court, but we were fortunate enough to get an enhancement grant in that court and so those individuals who are mentally ill, chemically addicted, those are called MICA, that population stays in my Drug Treatment Court. And there was one definitive

study which came out a few months back and it used to be 80% would recidivate without any intervention in drug treatment, now it's reversed, 80% comply. And this is •• these are hard numbers, Stony Brook University worked with the Drug Court, we've had ours up and running about eight years and it's a statistically sound report.

I think anecdotally you can just take from that experience and say, looking at this population and the parents are behind me in the organizations that actually live day•to•day with this population, that when they're given the proper assistance, when they're given the proper medical treatment, when they're reunited to their families •• because don't forget, much of this breaks down, they're estranged from the nuclear unit which would take care of them initially •• when all of that starts to come back into place, then they're able to function in the community and they don't recidivate.

I mean, what we're seeing with the defendants I'm dealing with now, there is a drug component to every single one of them because they're self •medicating. And you know, there are millions of personal experiences, I can relate a story where we were at a round table and there was a young man who had been functioning beautifully, he was bipolar, he was a severe bipolar patient and his medical coverage lapsed because he changed jobs and could not get his present employers program, his medical coverage to cover his drug. Well, he was taking _Effexor_ , among other things, _Effexor_ is about \$800 a month, so essentially he was cut off from his medication and he relapsed and now found himself back institutionalized inpatient, probably the highest cost to the public is to put someone in inpatient. And the sad part is that inpatient treatment now is not even tailored to the individual's needs. So you may need 30 or 90 days and you're going to get, what is it, 16 I think. And the first question that's asked every 24 hours is this individual stable on medication, because as soon as they're stable they throw them out. And you would think that they would have increased the out•patient services because now they don't want to deal with them inpatient, but they've cut that as well.

So that word capacity never left me. It's kind of a •• it's insulting to think

that we can put such a low priority on this because this effects everyone. I can tell you in my own family, my brother's child was ADHD, he put us through hell, thank God he's 24, he's productive, he graduated from school but at a great cost to the family, emotionally and financially and every other way. So we were better equipped, but what about those families in our community that are not so well to deal with this, where do they go.

You know, I'm talking today from the perspective of the Criminal Justice System because this is a huge component to our operating budget, but we have law abiding citizens out there who are struggling every single day with someone with a mental illness and there's nowhere to go. And as Anita said. I'm going to get priority on the few resources we have because the court will come first. And I'm grateful for that, but I'm also mindful that for every one of my defendants that gets placed in a sober house or a secure housing place, there's somebody else out there who didn't get their chance for treatment.

LEG. STERN:

And Judge, I'm wondering if you can speak to it or maybe someone else on the panel, but how have other organizations, how have other systems been working as a part of, you know, the overall need here, organizations like Mental Hygiene, Legal Service, APS, the Guardianship Courts; maybe you can take me through how you interact in the courts with those other organizations and maybe elsewhere in the community.

JUDGE FITZGIBBON:

Well, this is all part of Judge Kaye's vision to have integrated services through the courts to make it easier for people to navigate the courts. You know, we have the Juvenile Drug Court, we have the Integrated Domestic Violence Court, so we've kind of funneled like cases together. So it's one Judge one family, essentially, is what we're trying to accomplish, and there's an incentive to work together.

I know that since there's •• the jail committees were put together to study that issue, I've renewed and initiated new contacts with members of your County government that are •• these are wonderful dedicated public

servants that now all of a sudden we understand how we affect each other, and we're very mindful of, you know, what's the bottom line. When we get to the issue of housing, I guess Mike and Anita could speak to that better than I, but it's a business like anything else in this work and there are some very dedicated people out there who want to make a difference and want to provide safe housing in our communities, but that requires the cooperation of the local governments, and I think the County could probably set up a consortium of our towns because it's everywhere, it's not just •• it's not just in our poorer neighborhoods, it's everywhere.

You know, I remember years ago, I live in Babylon and I was working for the Babylon Town Hall at the time and there was a community house that was •• this was the reaction to Willowbrook, was to set up supervised community housing in the communities and there was a house that was proposed on Wellwood Avenue, a little bit south, getting closer to Montauk Highway, and oh my goodness, the uproar, I can remember it today. I mean, every elected official was going bonkers because they were so upset by all this controversy. Well, the house passed, the State opened the house, and do you know it's 35 years later, that house is still, there are still people being serviced there; you would not know it if you passed it.

I had the same experience in my own community in Copaigue with the shelter for DSS. Nobody •• I belonged to _Cowanis_ , nobody in my group, we were going to help some people at Christmas time, no one knew where the shelter was because it so well integrated into the community; that's the long•term goal. The short•term goal is exactly as Anita said, you can spend the money in the jail, which you've already •• can budget that and put \$7 million in the jail, or you can give them \$7 million and let them try a creative way to keep that money from going to the jail, and those are the long•term benefits of looking at this differently and making it more of a priority in our thinking. It's a more wholistic view of looking at how we do systems. You know, people don't just stay in one little compartment, they're like pebbles in the pond and they have a ripple effect on everything that we do in a community.

So I'm confident now that this is the beginning of a different approach to this issue and people are not so afraid to step up to the plate and say that

they suffer mental illness. We're not quite there. If you're drug addicted, you can go on Oprah and talk about your drug addiction and everybody pats you on the back for being a recovering addict, a recovering alcoholic, but we haven't gotten there quite yet when you can go to a cocktail party and say, "You know, I'm having a really tough time with my medication because of this stupid bipolar." Nobody is there yet, but the more we talk about it and the more we address it in these circles, the less stigma we'll attach to this illness and the more people will understand that it's something that can be treated and can be treated very, very effectively.

CHAIRMAN MYSTAL:

Presiding Officer Lindsay.

P.O. LINDSAY:

First of all, thank you all for coming today and sharing your thoughts on this subject. I really I want to go back to practical application of what you're talking about. You say there's like 300 people currently in our jail that would qualify for this program?

MR. MOLL:

I spoke with the Sheriff's Department earlier today and their jail census right now is between •• is just over 1,500. They don't have •• part of their computer system has the lack of a mental health breakout.

P.O. LINDSAY:

Okay.

MR. MOLL:

Anecdotally they said it could be somewhere between 20 and 28% that are mentally ill, we used 20% as our number of 1,500, it gives you 300 people.

P.O. LINDSAY:

That's just •• that isn't by a diagnosis, it's just by a statistical analysis.

MR. MOLL:

Exactly.

P.O. LINDSAY:

Okay. If we had \$7.3 million and gave it to you now, would that enable you to go in, analyze our current population in the jail and remove a hundred people?

MR. STOLTZ:

We'd love the chance.

P.O. LINDSAY:

Well, never mind love the chance, is that a practical solution?

And maybe to Judge Fitzgibbon, I mean, these are people that are already sentenced; can that sentence be changed?

MR. MOLL:

Presiding Officer, the ••

P.O. LINDSAY:

Being that they're currently serving a sentence?

JUDGE FITZGIBBON:

No.

MR. MOLL:

These numbers were looked at, we did not look at •• the situation you're asking us to do was not part of this. If we get all of the housing and •• if we had the 7.3 million, got the housing on line, got the case managers hired and were able to fill in all these gaps in the system, that's where the 7.3 million would go. If you wanted to include some type of statistical analysis at the jail in this, it would come off of something else but we could do it. We could go in the jail, identify those, but ••

P.O. LINDSAY:

Yeah, but that isn't my question.

MR. MOLL:

Okay, I'm sorry, then I don't understand.

P.O. LINDSAY:

My question is just moving money around government, all right, if what you're proposing is that we take \$7.3 million from the Sheriff's budget and put it into the Health Department and we can remove a hundred prisoners from the jail and put them in to mental health services, either in a housing or treat them out•patient, this whole thing is very doable. But if you're talking about finding a new pot of \$7.3 million and prospectively we're going to cut back on our population, maybe in the future it's a little bit more difficult.

MR. STOLTZ:

I don't think pragmatically it works October the 1st you transfer 7.3 from one department to the other, you have to make some investment up front to be able to allow for that transition. All we're posing here is a paradigm that says here's how we can potentially reduce, move a hundred people who are heavily jailed involved into the community.

P.O. LINDSAY:

Okay, but people that are already in jail.

JUDGE FITZGIBBON:

These would be •• they're pretrial, these are the pretrial detainees, these are people who have not yet been sentenced. And I think the way I would envision it, because I think the notion of just taking money and putting it somewhere else isn't really what we're thinking about, it's a process. So my frustration dealing with the population we're talking about is knowing that I don't have enough Probation Officers to supervise the people I want to put there. So maybe it means funding Probation a little bit better in the next fiscal year, maybe giving them more people in their mental health unit so that there isn't a 90 day waiting period; there are over a hundred people waiting to go into the mental health unit in the Probation Department. They can't take them in even though they are on probation and being supervised by other caseworkers because these specialized caseworkers, there aren't enough of them and they're caseloads are too high and they're much more intense.

Even in the mental health area in the jail, I mean, we've got people now, the

law requires that anyone with a mental illness be given an exit plan; you've got to provide for their medication when they leave. You can't just, once you identify them as having a mental illness, send them out when their term is up and not provide for them as an exit plan all, so all these things are like incremental. And my thought ••

P.O. LINDSAY:

And I understand all that.

JUDGE FITZGIBBON:

Right.

P.O. LINDSAY:

You have to appreciate where we are ••

JUDGE FITZGIBBON:

Absolutely.

P.O. LINDSAY:

•• because everybody here that comes before us has a need and, you know, we get to the point where there's only so much we can do with the dollars that we have. And I'm looking for a practical way of starting this program from taking people out of jail and putting them in to a mental rehabilitation program. And I'm not looking for a prospective solution because what you're asking for us to do is find \$7.3 million of new money, we're looking to move it from one section to the other. Because right now when we put people we just warehouse them in jail, we don't treat their illness; we know that, we know that, we're looking for this transition period from one form to another.

JUDGE FITZGIBBON:

Well, I mean, I would start with case management and clinical services and everything •• I mean, housing is the most intractable and it's what scares everybody off the issue right from the beginning. So okay, housing is what it is, but how about case management? How about making it more easy for the Judge who maybe will put somebody in jail because it's a more public safety oriented act. And I'll be very honest, I'd feel more comfortable

knowing the person is off the street for six months, eight months, nine months, a year, then saying, "Okay, I'm going to put you on probation," knowing that probation is understaffed and not capable of adequately supervising this person.

P.O. LINDSAY:

But both our concerns are certainly we want to properly address the problem of this person, but we also want to protect the rest of the public.

JUDGE FITZGIBBON:

Yes, absolutely.

P.O. LINDSAY:

We don't want to expose them to someone that's going to cause them harm.

JUDGE FITZGIBBON:

Most of the population are •• these are not violent crimes, most of the crimes that we're dealing with in this population are not the violent crimes, these are people who are •• they're being prostituted if their women, they're possessing drugs because they're trying to self•medicate their illness. And when we put them under appropriate supervision, they'll be seen weekly, they come to court every week, they have the authority of the court with them every single step of the way. But as I said, as a Judge I'm kind of reluctant to put another person on probation if I know that Probation is not adequately •• and I'm using that as just an easy example, but if they're not adequately staffed and I know that; how do I know that? I sit on the Criminal Justice Coordinating Council, I go to those meetings, I talk to the Director, I understand his needs; if I know, it's very difficult for me then to say, "Okay, put him on probation," because I am concerned about public safety, but I also want to be concerned about the individual who's probably getting a more harsh treatment only because there's nothing else to do in its place.

P.O. LINDSAY:

But we're still looking for that transitional plan, to go from one method to the other, and I think that's probably what the biggest stumbling block is here. Let me just ask one other question and then I'll •• right now when we

incarcerate somebody, it's a hundred on the County dime. If this system was set up or this treatment, do we qualify for any State or Federal funding to help with this program, or is it still a total County program?

MR. STOLTZ:

I think as we said, we are all and our County Executive has taken a lead role, our division has taken a leadership role, to have been fighting for expanded capacity along the lines that would include some of these kinds of services from the State. Unfortunately, as they're saying to other counties who are saddled with the same kind of burden, they're saying, "You've got your fair share."

P.O. LINDSAY:

But is there available funding?

MR. STOLTZ:

On a State level?

P.O. LINDSAY:

Yeah.

MR. STOLTZ:

Not at this •• they're telling us not at this time.

P.O. LINDSAY:

We don't get any assistance for treating someone with mental illness.

MR. STOLTZ:

We do get current assistance, we don't have enough of it; as Ms. Fleishman said, we're capped.

P.O. LINDSAY:

I know that we don't have enough of it, but it's something that we don't get any when we incarcerate somebody, that's my point. In other words, if it costs us \$200 a day to lock someone up and we still invested \$200 to put them in to a mental rehabilitation setting, does it cost us \$200 or does it cost 175?

MR. STOLTZ:

At some point, if Medicaid picks it up it costs you 25% of that, which is now capped.

P.O. LINDSAY:

Okay, so there's a huge financial savings there.

MR. MOLL:

Yes.

MS. FLEISHMAN:

Eventually, yes.

P.O. LINDSAY:

It's •• and, you know, even if we spent the same amount of money in this mode rather than incarcerating someone, there is a huge savings to us financially too. And I hate to be •• to talk just in terms of money, but that's unfortunately a lot of times what we have to deal with.

You know, we're about to embark on our new jail, it's a two phase project. If we could cut down the number of people we incarcerate by a hundred, that could make the difference of us building the second phase or not having to build a second phase. So there is a huge savings here if this type of program could work.

JUDGE FITZGIBBON:

Well, I just remind everyone that when they did •• the first Drug Court was in Rochester and what they used as an example of the type of savings that you're alluding to, if they took a pregnant young woman and intervened in her pregnancy early, got her off her drugs and was able to let her go to term and deliver a healthy baby, I think the savings was over \$50,000 because the child was born drug•free, there were no medical costs attached, most of the individuals we see in that population are all receiving some type of Public Assistance. So the cost just •• you can just project and I wish there was a hard and fast book I could give, a statistical breakdown on how many dollars

we're going to save. But just using the jail as an example, it's there, it's really there for us to make a commitment to try different ways to do it. And I understand the difficulty in allocating the resources we have as a County, but we have to begin somewhere and I'm hoping that you'll figure out how to do this because it is really very important.

CHAIRMAN MYSTAL:

Thank you very, very much. My intention in doing what we are doing today is to open the dialogue and we will continue, I can guarantee you that this is not going to go away, it will continue. I want to thank Judge Fitzgibbon for coming into these halls, and I know you're very familiar with them. We welcome you any time and we will always give you the time. Thank you.

JUDGE FITZGIBBON:

Thank you. And we are keeping statistical data on the operation of our court and we will gladly share that with you any time that you need it.

CHAIRMAN MYSTAL:

Thank you very much.

MS. FLEISHMAN:

Thank you.

CHAIRMAN MYSTAL:

To the members of the public, I understand this was a very lengthy process, I apologize for it, but as you can see, it was a needed process that we can set a dialogue.

I would like to call my next presenter to the table from United Cerebral Palsy, Susan Eckert and company. I want to introduce the people who are at the table, they will introduce themselves, but I want to say something about it. I Recently went to the United Cerebral Palsy and took a tour of their facility and I was absolutely amazed. Usually most people think of United Cerebral Palsy as an agency that takes care of cerebral palsy, was amazed to find that they take care of a variety of illness. And the job that they do is a human job, beyond the call of duty and I really appreciate them. Thank you very much for showing up. Thank you very much for

talking to us and thank you in advance for your information. Go ahead, sir.

MR. FRIEDMAN:

Thank you and good afternoon. Thank you, Mr. Chairman and thank you, members of the committee for having us today. I would like to introduce my colleagues that are with me today, Patricia Caso who is our Director of Adult Day Services, and Joy Heinze who is our Director of Educational Services and our principal for our school.

United Cerebral Palsy is an independent affiliate of the National UCP Network. We serve almost 4,000 Suffolk County residents annually with a staff of more than 900 and a budget exceeding 45 million. But perhaps greater significance is over 90% of every dollar we spend goes directly to benefit our consumer population of whom, as the Chairman mentioned, only one-third have Cerebral Palsy. We serve children and adults with a wide range of disabilities and have been recognized as a leader in the field of physical disabilities. Our mission is to advance the independence, productivity and full citizenship of people with cerebral palsy and other disabilities and our goal is to create a life without limits for the persons that we serve.

Our programs welcome all age groups. We begin with our Children's Center which addresses the needs of youngsters from birth through the age of 21. In our Early Intervention Program we serve infants to the age of three with services that maximize the child's strength and development. Our center •base Preschool Program provides services to children from three to five years old who have a diagnosed or suspected disability in the areas of speech, intellectual, motor, social or development skills. Children ages five to 21 with multiple disabilities and greater needs that cannot be met by the local school districts attend our School •Age Education Program. Each division within the Children's Center incorporates the Mobility, Opportunities Via Education philosophy and support of specialized equipment. None as MOVE, this innovative program focuses on functional mobility and has facilitated incredible progress for many of our youngsters.

UCP Suffolk was the first move, charter •model site on the east coast and remains the only certified training site. And recently, most probably you

have seen in the paper Briana Martins who had her pacer, which is a piece move equipment, it was stolen from her driveway, we were able to help her, through the manufacturer, obtain that piece of equipment, a new piece of equipment. And I wanted to especially thank the Legislature and the County for its support during that time and the community outreach has been so wonderful that we have been able to start the Briana Fund and we've raised over \$40,000 to help children that are unable to obtain this equipment to be able to help fund it and obtain it for them.

Our newest area of service to children and families is our Children's Residential Program which opened its first two homes within the past eight months, both in the Town of Islip. They each provide 24/7 direct care and nursing in beautiful neighborhood settings, and the seven youngsters who live in these homes also attend our UCP Education Program during the day. The children receive one•to•one prescribed services such as physical, occupational and speech therapy, both in the school and at home. These residents enable Long Island families who previously had no choice but to send their children Upstate or out of state, in some cases as far away as Arizona, to obtain quality education services close to home. We have recently received preliminary approval from the New York State Department of Education for development of three more homes in the Suffolk community. When these children reach the age of 21 and age out of the CRP, they are guaranteed a placement in one of our adult residences and the appropriate UCP Adult Day Program.

Currently on the UCP Suffolk drawing board are the final designs for our new Education and Health Center, soon to be built on Carleton Avenue in Central Islip. This will allow us to relocate our Children's Center from the leased space in a 50 year old school building to a new modern, state•of•the•art school specifically designed to accommodate the education, growth and development of our kids. We would also be relocating to the ten acre site a new diagnostic and treatment center. This diagnostic and treatment center which currently is located in an old modular building in Commack will provide outstanding primary and speciality health and dental care to persons with disabilities while expanding to serve more of the community at large. We also have a wide range of adult daytime programs at UCP.

Individuals with developmental disabilities over the age of 21 participate in a wide range of daily activities including learning independent living skills, arts and crafts, exercise, pet and music therapies, sensory stimulation, and that's within our adult day treatment program.

Our Community Day Habilitation Program provides a person the opportunity to become more interactive in the community and develop his or her personal interests and/or needs ranging from basic life skills to computer skills to volunteering in the community. The Independent Living Program is designed by the participants to include community integration experiences such as managing money at a bank or doing one's grocery shopping in a supermarket.

The UCP Suffolk Vocation Rehabilitation Services, known as the "The Employment Connection", delivered over 600 services last year, including job•readiness, interviewing skills, resume preparation, job search techniques and job placement. Vocational evaluations and career assessments provide direction and employment choices for individuals with disabilities. Most of the participants had become disabled as an adult. Almost 30% of those who receive employment services represent minority populations and 18% represent individuals who live east of William Floyd Parkway. For those individuals with development disabilities, over 200 were served last year in supported employment providing ongoing support for the individual and the Suffolk County employers.

UCP Suffolk has represented the non•profit sector on a Suffolk County Department of Labor Workforce Investment Board since its inception. It has also worked with the Federal and State Department of Labor in serving individuals with disabilities and we are one of the original Federal employment networks under the Social Security Ticket•to•Work Program.

We look forward to developing new relationships with government and employers to strengthen the Suffolk County workforce so individuals with disabilities have the opportunity, as any other citizen, to become active members in their community.

We are strong advocates for the rights of people with disabilities, and most

important have been able to assist them in advocating on their own behalf. Over the past ten years we have assisted 374 individuals with disabilities to become registered voters. Quite a few of them would have loved to have been here today sharing their personal opinions and joining me in thanking you for your support and this opportunity to tell the UCP Suffolk story. I want to thank you again for your interest and your attention and my colleagues and I would be very happy to answer any questions that you might have.

CHAIRMAN MYSTAL:

Thank you very much. Before I open it for questions, I want to really thank you for coming here and giving us an idea what you do. I know that it's always the same question whenever we talk with the County, you know, where can we help or what is it that we're not doing that you think we should be doing, those kind of questions I'm sure will come up from my colleagues. Anybody have any questions?

Let me ask you this; what are we, you know, doing that you think we could do better •• by we I mean the County •• and can •• where do you require help that you think we could help and that we are giving you this help.

MR. FRIEDMAN:

Well, it's very difficult for us to say things that, you know, additionally should be doing because the County has been very supportive of not just our organization, but other organizations that provide services to individuals with disabilities. You know, we're really here today to thank you, you know, for that support and the interest in the importance in achieving for individuals with disabilities a life without limits. Both the Legislature and the County Executive's Office have been extremely supportive.

I think our interests are really in the area of working with us as things are happening, especially Upstate and also •• but primarily in Washington with some of the cuts that are happening in the Medicaid area or the conversations regarding that to assure that the services that we've been providing remain and that other opportunities to provide a voice for

individuals with disabilities, you know, also grow.

CHAIRMAN MYSTAL:

Thank you very much. Any questions from the horseshoe? All right, you must be doing a great job, usually we try to assassinate people when they sit down at this table; you must be doing a great job if they have no questions. Thank you very much for being here and keep up the good work. Any time we can do anything, please don't hesitate to call on us. And like I said, I am one of those people who came to visit you and I'll say that •

- I want to put it on the public record, it's a good program. If anybody has any need for that program, they are professional, they are caring. I was hoping that they had something for old people like me so I can go there and you guys can take care of me. But thank you very much for coming.

MR. FRIEDMAN:

Thank you, Mr. Chairman.

CHAIRMAN MYSTAL:

We are now going to go to the public portion. I have I think about 15 cards so we are going to limit you to the three minutes strictly because, you know, it's two o'clock. We're not trying to be rude, I was going to say another word, but it's just that we are under •• if we take three minutes times 15, that's a lot of minutes. So the first person to come to speak to us is Laurel Janssen•Breen.

MS. GREENE:

Thank you, Mr. Mystal.

CHAIRMAN MYSTAL:

Thank you.

MS. JANSSEN•BREEN:

As you know, we're part •• I am part of the group of Public Health Nurses, and although I had card number one, I'd like to ask if it would be possible for all three of us who do have cards to come forward at this time and consolidate our responses.

CHAIRMAN MYSTAL:

Yes.

MS. JANSSEN•BREEN:

Thank you.

CHAIRMAN MYSTAL:

Love consolidation. Who are the other people so I can ••

MS. SCHECHER:

Thank you, Legislator Mystal and the other members of the Health Committee for having us. I don't need three minutes, I need 30 seconds but ••

CHAIRMAN MYSTAL:

Could you please identify yourself for the stenographer?

MS. SCHECHER:

Sorry. I'm Pat Schecher, one of the Public Health Nurses. And I'd like to just thank you for your continued support for the services of Public Health Nursing. We know that meeting with all of you that you deeply care about the health and safety of your constituents. We wanted to give you the letters; we've been gathering letters, I guess you've gotten them in your offices for the last couple of months, so we made copies of the letters that have been sent to you.

CHAIRMAN MYSTAL:

We got your letters.

MS. SCHECHER:

You got them, huh? So I think we have about over 800 letters and, you know, the copies are for you to have. Thank you very much. I'd like to ••

CHAIRMAN MYSTAL:

Before you continue, let me put something in the record. I had sent a letter to the Commissioner of Health to ask him to be here and he sent me back a letter saying that, you know, he has a conflict and that he couldn't make it

today, but definitely if I wanted him to come for the next committee meeting he will be there.

In the meantime, I think I told you over the phone, I know that we are trying to arrange a meeting between the Presiding Officer's Office and you and anybody else with the Commissioner. So this is, you know, I just want to put that out there up front. Go ahead, Pat.

MS. SCHECHER:

Thank you very much. Can I give the rest of my minutes to Vicki Lipari?

CHAIRMAN MYSTAL:

Yes, yes.

MS. SCHECHER:

Thank you.

MS. LIPARI:

Okay. Good afternoon, Chairman and Legislators. My name is Vicki Lipari and I am the Treasurer of the Suffolk County Association of Nurses. I am here to advise you that we are placing the Bureau of Public Health Nursing on the critical list. I am also here to correct some errors that have appeared in the newspapers and have been reported to this committee. We desperately need all Public Health Nurse I positions released so that we can hire new nurses. We have a grant-funded position for a Public Health Nurse Coordinator in the Telemedicine Grant. Requests have been made over the last six months to have this position released; to date there has been no release.

At the end of May the County lowered the requirements for Medical Service Specialist which is a grade 23 to now it no longer require a Bachelor's Degree; this is in the Department of Social Services. This will now recruit RN's from our bureau in to their department. In fact, our Long-Term Care Nurse is leaving Riverhead on June 23rd to go over to DSS. Three Public Health Nurses in the Division of Public Health have been promoted to grade 27. We mean no disrespect to our colleagues, but fair is fair. Why are there no promotions in the Bureau? The nurses are very disheartened and we

were promised cars that we have yet to see and our salaries are just a joke.

Our nurses do not do any Medicare Part•D visits. Mr. Zwirn told this committee that we made several hundred visits to Medicare Part•D patients. In fact, our social worker made eight visits to our existing patients who are homebound; this is not a duplication of services as Mr. Zwirn has claimed. To publicly accuse the Bureau of mismanagement based on this misinformation is reprehensible and demoralizing to our nurses who work so hard and do so much for your constituents. We are not an ancillary service as the County Executive claims and our clinics cannot do what we do. We are a certified home health agency and are open, as per Federal and State regulations, 24•hours a day, seven days a week. The care we offer cannot be delivered in a clinic setting.

There are only nine certified home health agencies in Suffolk County, not 20. They cannot, will not and should not provide public health care. It is the role of government to take care of its citizens who are most in need. This is true for humanitarian reasons and also for economical reasons. If a Public Health Nurse prevents one pre•term birth, it represents a savings of over a half of million dollars to the taxpayer for the medical needs and stay in a newborn intensive care unit; no other agency will do this. You have testimony from Lisa Clark, a Nurse Practitioner at University Hospital, attesting to this.

The increasing workload for Public Health Nurses is the result of fewer nurses. It may be so that more nursing positions are filled today than in 2003, but certainly not in the Bureau of Public Health Nursing.

I would like to remind you that there is a severe nursing shortage, both nationally and locally. This is not the time to lose nurses.

Our nurses are at a high productivity but cannot do it all. There are only so many hours in the day and our shortages will impact on your constituents because no other agency will take these patients. You have been told that other agencies will step up to the plate and if not can be forced to take these patients; this is not true and I urge you to call the New York State Department of Health to confirm this.

There will be a cost in human suffering if patients are not seen due to

staffing. There will most likely be an increase in emergency room visits and hospitalizations which we all will pay for. It has been said that Nassau County does not have a certified home health agency and hasn't for seven years. It is interesting to note that although the populations of the two counties are roughly the same, last year Nassau spent \$50 million more in Medicaid hospitalizations in Suffolk. It would seem a penny•wise and a pound•foolish approach to me. Is this smart government?

In closing, I would urge you all to consider these questions. Why is there a campaign of misinformation regarding this program? Why is the County starving the program to death? Why does the County want to do away with a model, cost•effective program? Where is the concept of smart government? What will happen to your constituents who will end up paying more in the long run? Thank you. On behalf of all our Public Health Nurses and the Bureau, but most of all on behalf of your constituents, I thank you and ask you for your immediate help in recruiting and retaining nurses.

CHAIRMAN MYSTAL:

Thank you very much.

LEG. ROMAINE:

May I make a request?

CHAIRMAN MYSTAL:

I'm going to open this to questions with a couple of caveats.

LEG. ROMAINE:

I'm only making a request.

CHAIRMAN MYSTAL:

It is 2:10, I'm going to •• make sure you understand that. I'm going to step out of the room for one minute, I've got to grab something to eat because you don't want to see me cranky, and I get very cranky with no food. Legislator Stern is going to be here, he's going to monitor this whole deal. The caveat I'm giving is for the other Legislators around the horseshoe;

please, short question, no statement, don't make it political.

LEG. ROMAINE:

It's not political.

LEG. KENNEDY:

Thank you, Mr. Chair.

CHAIRMAN MYSTAL:

I have to go get a hamburger.

VICE-CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Acting Chairman Stern. In deference to the Chairman's request, I'm going to try to go ahead and make them brief and answer. First, you said that the bureau has not received vehicles despite the fact that vehicles were indicated that they were going to be provided? I don't understand.

MS. LIPARI:

Not the full amount that was promised. We have received some but I can get you an exact number on how many, but I understand not the full amount.

LEG. KENNEDY:

Again, you are a group of 17 nurses?

MS. LIPARI:

Yes, we are.

LEG. KENNEDY:

Okay. How many vehicles are available at this point now?

MS. LIPARI:

I don't have the exact number, but I will get that back to you.

LEG. KENNEDY:

Less than half?

MS. LIPARI:

Oh, yes, less than half.

MS. SCHECHER:

The Home Health Aides, we had given one or two to Home Health Aides because they had needed them.

MS. JANSSEN • BREEN:

I think it's four, but I'm not sure.

MS. SCHECHER:

I believe there were ten that Mr. Lindsay had tried to ••

MS. LIPARI:

Fine, right.

MS. SCHECHER:

And there aren't ten nurses driving cars.

MS. LIPARI:

No.

LEG. KENNEDY:

There are not ten nurses driving cars.

MS. LIPARI:

No.

LEG. KENNEDY:

Okay. There's thought that's been out there •• as a matter of fact, you talked about it •• that somehow if you folks no longer exists in this function that the private sector is going to step in. And I think we've all agreed that many of the cases that you treat and see are some of the most severe and

profound cases that most private agencies elect not to service.

MS. LIPARI:

Exactly.

LEG. KENNEDY:

Give me just an example. I mean, who are you seeing in the homes; are these AIDS cases, are these quadriplegics, paraplegics? What is it •• what is the nature of the __maladies__ for the families or individuals that you're servicing on an average day?

MS. LIPARI:

They are severe, physically ill patients, they are Medicaid patients, sometimes they are in very poor neighborhoods that I know some agencies would elect not to send their nurses into.

MS. SCHECHER:

Some of the types of situations •• like they were talking with the mental health issues, a lot of these patients have social issues, Child Protective Services involved.

MS. LIPARI:

Right.

MS. SCHECHER:

Other situations where an agency sometimes doesn't •• can't just go in and out, take care of a wound and go because there's complicating situations like that and very often they are in neighborhoods, there's been drug abuse, mental health histories on patients.

LEG. KENNEDY:

Do you have patients on ventilators? I mean, are they home oxygen assistance types of things where you're doing some care there and assistance?

MS. LIPARI:

Yes.

MS. SCHECHER:

Oxygen, yes; I don't know about ventilators.

MS. LIPARI:

No.

MS. SCHECHER:

I don't believe ventilators, sir.

MS. LIPARI:

I don't have any ventilated patients.

MS. JANSSEN•BREEN:

In answer to your question regarding privatization, I think the one issue that we've been addressing repeatedly is the fact that most of the types of clients that we serve are not the same types of categories that would be served by other agencies. And as we've talked about before, our main emphasis and our main concern surrounds issues of prevention, issues of meeting those clients who would not be served by any other agency. And one of our major concerns is that to privatize this, you can't privatize some other goals, you can't privatize the philosophy, you can't privatize what public health stands for and that is one our main concerns.

LEG. KENNEDY:

But again, I think that, you know, some of the discussion here, and I hear the concern that continues to come forward, is that it may be a goal that's attempting to be achieved vis•a•vis attrition. You spoke about a couple of nurses that are now electing to take positions in other departments; how many, three, four?

MS. LIPARI:

I heard of one today who's going over to the Department of Social Services because of the upgrade in the positions. She's a Registered Nurse without a Bachelor's in Nursing and we are a 21 as a Bachelor's, as a Bachelor trained

nurse, we're 21 ••

LEG. KENNEDY:

Well, there's a variety of nurses out there. There's still a lot of, you know, diploma nurses and two year degree nurses and nurses over a variety of different areas. That •• I'm not so much speaking to that, I guess what I'm looking at is as you lose a nurse in your component, be it a BSN or a Master's level or what have you, what happens to the patient level that she has seen? She must have a caseload of 10, 15, 20, 30, whatever you each, you know, usually carry; what happens to the balance of those patients?

MS. LIPARI:

The most severe patients that cannot be discharged will have to be carried by the other nurses working within that department, somehow it will have to be. And then she works out on the east end, so I guess what will happen is they may not be able to take on as many patients as •• they'll have to turn away patients, in other words.

MS. SCHECHER:

Part of the problem seems to be within the Health Department. There's been positions where there's been an elevation of grades in other parts within the Health Department, but the Bureau of Public Health Nursing keeps dwindling away, that that's been no monies and priority put to this Bureau of Public Health Nursing section of it.

Some of the nurses were upgraded which we found out recently within, you know, the other part of Bureau of Public Health, but in the Bureau of Public Health Nursing the nurses will move because they're getting grade increases where we've been promised •• the salary and appeals thing for Public Health Nursing went in in 2003 and we were promised quite of bit before that. So this, like the Medical Services Specialist, is under DSS. It was always on par with Public Health Nursing, it started out a grade 19, it was 21, then the DSS nurses got raised to grade 23 back in 2002, Public Health Nursing stayed. Now they're diminishing requirements for the Medical Services Specialist so it's an RN without a Bachelor's Degree. Public Health Nursing always needed a Bachelor's Degree, there were some RN's, so now it's even like a double insult. The monies that are put in for health are kind of

completely going other places and not within •• not to the Bureau of Public Health Nursing which is doing the area that's the most •• you know, the most required educationally and experientially to do, so.

LEG. KENNEDY:

I don't want to monopolize the discussion. I hear what you're saying and I •
•

MS. SCHECHER:

There's a priority that seems to be going other places.

LEG. KENNEDY:

I find it frustrating that you have to continue to appear here before us to bring the issue to us. Nevertheless, I think that it's important that, you know, you continue to bring those issues to us.

And to the Chair, I guess I would just say, you know, Mr. Zwirn and Dr. Graham are here in the audience and, again, we're hearing from employees in the department, I just wonder what they may or may not add to this discussion.

VICE•CHAIRMAN STERN:

Perhaps we'll •• I'm sure we'll •• Dr. Graham is here, I'm sure we'll hear from Dr. Graham in a bit. Legislator Romaine.

LEG. ROMAINE:

Yes. I just want to clarify the information that you gave. I actually was going to request your statement, but now that we're able to ask some questions, let me just do that.

One, you said that the information that was given to us, that there was 20 home health agencies in Suffolk was inaccurate, that there's only nine.

MS. LIPARI:

Correct.

MS. SCHECHER:

Certified.

MS. JANSSEN • BREEN:

Certified home health agencies.

LEG. ROMAINE:

Certified, certified home health agencies. What was the other information that was given to the Legislature that proved to be inaccurate, if I could ask.

MS. LIPARI:

The Medicaid •• Medicare Part•D, home visits made to patients ••

LEG. ROMAINE:

How many did they •• what was the information that was presented to us? I believe there's a couple of thousand that they thought that was made.

MS. LIPARI:

Several hundred.

LEG. ROMAINE:

A couple of hundred, okay. And in fact ••

MS. LIPARI:

Public Health Nurses didn't do any, it was the social worker who went to the home and they were eight.

LEG. ROMAINE:

And how many vacancies do you have in Public Health Nursing now, approximately?

MS. LIPARI:

Sixteen?

LEG. ROMAINE:

Sixteen and you have, what, 20 positions or 19 positions?

MS. JANSSEN • BREEN:

I think 17.

MS. LIPARI:

Seventeen now, 17 nurses.

LEG. ROMAIN:

I think there was 21 when we first talked in January.

MS. LIPARI:

That's right, it's going down. Right, that's correct.

LEG. ROMAIN:

And you indicated that it is your opinion that you feel that this is a move to diminish Public Health Nurses to eventually, one, possibly privatize this service and move your nurses into other fields; is that your opinion?

MS. LIPARI:

I don't know, I hear buzz about that but I personally •• I don't know.

LEG. ROMAIN:

Okay. Is it your •• have you heard any buzz that the County may have an interest in selling the certified home health agency status if they move the Public Health Nurses elsewhere and contract it out for that service?

MS. JANSSEN • BREEN:

Can I answer that?

LEG. ROMAIN:

Sure.

MS. JANSSEN • BREEN:

I think that we're not fortune tellers; if we were it would be very easy for us to look to the future and say we want to shape a different future. What we are concerned about and what I hear you asking us is what exactly and where exactly does the bureau fit within whatever changes are coming down

with respect to what we know is happening to the entire Department of Health. We have tried to begin a dialogue with Dr. Harper. I myself, as Chair of the Professional Advisory Committee, asked him for his vision, I have not had this. I would like to know, we would like to know, we're very concerned.

LEG. ROMAINE:

We haven't had it either, unfortunately; he made the January meeting, we haven't seen him.

MS. JANSSEN•BREEN:

So all we're left with is incidents •• all we're left with is a pattern ••

CHAIRMAN MYSTAL:

That's it.

LEG. ROMAINE:

That's it, I'm cut off.

MS. LIPARI:

It feels better?

CHAIRMAN MYSTAL:

Feels better and he's out. Are you done?

LEG. ROMAINE:

The Chairman requests that I be done, but ••

CHAIRMAN MYSTAL:

Thank you.

LEG. ROMAINE:

•• obviously there are questions that linger.

CHAIRMAN MYSTAL:

Thank you very much. I'm sure we'll see you again.

MS. SCHECHER:

Thank you for your time.

MS. JANSSEN•BREEN:

Thank you.

MS. LIPARI:

Thank you. Can we leave the letters here?

CHAIRMAN MYSTAL:

You can leave them with Ms. Ortiz right there.

CHAIRMAN MYSTAL:

Okay. We have a series of speakers on Timothy's Law. Kim Spicciatic or Spicciatie?

MS. SPICCIATIE:

Spicciatie.

CHAIRMAN MYSTAL:

Spicciatie, okay.

MS. SPICCIATIE:

Kim Spicciatie.

CHAIRMAN MYSTAL:

Okay. You've got three minutes.

MS. SPICCIATIE:

My name is Kim Spicciatie, I live in East Islip and I came to speak to you about how a lack of parity has affected my family. It's not a story that will leave you smiling. The laws of the land don't jive with the needs of the people and that's when many people suffer and their suffering affects their loved ones, their communities and whatever resources are needed to alleviate that suffering, whether the resources are public or private.

My step•son Chris lived in my house and I arranged for most of his care

from 1998 through 2004. I brought a picture so you can see what a handsome young man he was. Chris was a special•needs child, he spent a lot of time in a residential treatment facility due to his behavioral, emotional and social problems. Chris needed about five medications daily to help keep him calmed down, to help keep him calm and focused. My family spent Chris' 18th birthday at Pine Lawn Cemetery at his grave and picking out a casket for Chrissy, who my seven year old loved more than anyone in the world, was the most horrific thing I ever had to do in my life and I am here to tell you why we need Timothy's Law.

Anyone who has dealt with an insurance company over mental health care will tell you the same thing; the stress takes years off of your life. Because we New Yorkers don't have the protection of parity that 35 other states now have, we are left to argue, cajole and cry on the phone trying to convince some insurance administrator that the treatment our child's provider recommends should really be approved. Because New York doesn't have Timothy's Law, insurers are free to discriminate against that mental health treatment. They say no because legally they can.

That's exactly what happened to my stepson. After 17 months in residential treatment, his treatment team recommended he go straight to an inpatient MICA program because he had been abusing substances in the facility. Despite the advise of that team, professionals whose assessments had been relied upon for over 17 months, our insurer would not give their approval for that level of care and instead sent Chris home to outpatient care which the team warned wouldn't meet his needs. We had no choice, inpatient treatment cost 10,000 a month and we're not eligible for Medicaid because we work.

Two months after coming home, Chris suffered a severe alcohol overdose and he almost died right then; five months later his heart stopped. An autopsy revealed extensive internal damage which at 17 years of age could only have come from his overdose which was a single, solitary incident. If Chris had not been denied inpatient, doctor•recommended care, he might have had the tools he needed to cope with his problem and he might be with here with us today.

The Suffolk Legislature should support Legislator Stern's resolution regarding Timothy's Law. Insurer's need to lose their right to say no to doctor •prescribed mental health and chemical addiction services.

No family should have to forgo treatment or observe the 18th birthday of a child in the cemetery because an insurer wants higher profits. There are so many reasons why Timothy's Law makes sense. Every research study in the last several years proves parity is cost effective, benefits employers and employees and eliminates one of the last legal forms of discrimination we have in this country; discrimination against mental health services.

I urge you to act quickly and let your colleagues in Albany know exactly where you stand. Thank you for listening.

CHAIRMAN MYSTAL:

Thank you. Christine Heeren.

MS. HEEREN:

Good afternoon. My name is Christine _Zuckatella_•Heeren, I'm a mother of a six year old boy diagnosed with autism, the President of the Long Island Chapter of the National Autism Association and founder of the annual Long Island Autism Conference. I'm also a resident and a voter in Suffolk County.

First I would like to thank Chairman Mystal and the members of the committee for the opportunity to speak on this vitally important public health issue. I would like to thank Legislator Stern for his leadership in introducing this common sense proposal that places the safety of children first beyond all other considerations. I'd also like to thank Legislator Eddington for cosponsoring this bill.

As the committee has discussed, it's been seven years since United States Public Health Service and the American Academy of Pediatrics first recommended the removal of mercury from all vaccines as soon as possible. It has been six year since the Institute of Medicine recommended the immediate recall of mercury•containing vaccines intended for use in children; unfortunately this recommendation was never implemented.

These Federal policies were prompted by public disclosure in 1998 that American children were regularly exposed to hundreds of times more mercury in vaccines than the daily maximum adult exposure limit. As is common knowledge, mercury is a neurotoxin; this is why the FDA recommends that pregnant women avoid consuming fish. At this late date, mercury-containing vaccines are still injected into children and pregnant women every day even though mercury-free alternatives are available for every vaccine in the Federally recommended schedule. Moreover, many countries such as Sweden, Norway and Denmark abandoned the use of mercury in vaccines almost 20 years ago, and some countries such as the former Soviet Union evaluated the use of mercury in vaccines but found it far too toxic for use in human and animal vaccines and, consequently, never used it.

Fortunately, the elected representatives of the people of New York implemented limits on exposure to mercury. Last year legislation was passed by the State that will prohibit the use of mercury in vaccines. This legislation was passed unanimously by the Assembly members and Senators representing Suffolk County. This law will take effect in July, 2008. An exception was permitted for the flu vaccine for which no mercury-free version was licensed in the U.S. at that time. Since then, a 100% mercury-free flu shot has become available. Injecting a standard flu shot into a six month old baby would expose that child to about 40 times as much mercury as the maximum daily exposure limit, and there is no need to take this risk.

Each year manufacturers are making more and more thimerosal or mercury-free flu vaccines so future supply is not an issue. We live in times when the integrity of the drug safety and approval process is questionable. Every day we read about the hidden side effects and dangers withheld by drug manufacturers. With the cooperation of the FDA and CDC, there is a new one every day; Vioxx, Celebrex, Acutaine, hormone replacement therapy.

The Legislators of Suffolk County are to be commended for exercising their own intelligence and common sense to enact this reasonable proposal that places the safety of our children first. Thank you for this opportunity to speak and I urge you to enact this legislation.

CHAIRMAN MYSTAL:

Thank you. _Joline Looker_? Going once, going twice, gone. Joyce Cattini? Going once, twice, okay. Janet Ullrich?

MS. ULLRICH:

Ullrich, yes.

CHAIRMAN MYSTAL:

Ullrich, okay.

MS. ULLRICH:

Good afternoon, Legislators. My name, as you said, is Janet Ullrich and I am the Executive Director of Long Island Families Together. For those of you who might not be aware of our organization, LIFT is a regional chapter of Families Together in New York State and our mission is to provide support and advocacy for families on Long Island who are facing the challenges of raising a child with a social, emotional or a behavioral disorder.

On behalf the families we represent and all residents of Suffolk County and, in fact, New York State, I would like to take this opportunity to thank you and applaud you for the resolution, the Memorial Resolution you will be presenting to the Suffolk County Legislature in support of Timothy's Law. In my work I speak with many parents who have concerns with various aspects of their children's lives, sometimes it is with schools, often it is with finding appropriate mental health services, but frequently I hear frustrations about their insurance companies. I hear that they cannot find providers or they cannot find providers who will accept their insurance. I hear that their children's medication may not be covered any longer, I hear that parents are being pressured to remove their children from inpatient hospital treatment, not because their child has been fully treated but because their insurance coverage for inpatient hospital care has been reached.

Having personally had the experience of raising and ultimately losing a child who lived with a serious medical condition, I think back on how fortunate my family was that we were never denied coverage by our medical insurer or limited in the medical services that were needed during the 14 years of

John's life. I cannot imagine the additional hardship and pain this causes families who are trying to do the best that they can for their children with mental health disorders.

The passage of Timothy's Law is important to all people in New York State, whether they are presently affected by this issue or not. Mental health disorders show no prejudice, they affect all ages, genders, ethnicities, socioeconomic classes and all communities. This movement is, at its heart, a civil rights issue and you should feel proud that you are taking a stand in support of doing the right thing, reinforcing that which we all learned in elementary school when we studied the Declaration of Independence. We hold these rights to be self-evident that all men are created equal, even those who mental illness.

I hope the message that you send here by your action will be duplicated by other Legislatures around the State and will ultimately be heard by those in our New York State Senate who have the power to do what is right for all New Yorkers and that they will find the will to make it a reality. Thank you very much.

CHAIRMAN MYSTAL:

Thank you.

MS. ULLRICH:

Actually, since the buzzer did not go off ••

CHAIRMAN MYSTAL:

Yes, it did.

MS. ULLRICH:

Oh, it did?

CHAIRMAN MYSTAL:

We just stopped it.

LEG. STERN:

Nine seconds.

MS. ULLRICH:

Oh, okay. I just wanted to comment very quickly on an earlier discussion on housing for the mentally ill. I also am the sister of an adult woman who has mental health issues, has spent most of her adult life in a mental institution and is presently living in an adult home in Suffolk County run by Mercyhaven. The transformation in this woman, now that she's in appropriate housing, is just dramatic. Nothing else has changed, she's still taking the same medications, she has a different environment and she is turning in to her old self again. In fact, her own words are the most powerful, she has told me, "Janet, I feel like Eileen again, I don't feel like just a mentally ill person."

So I just want you to know that, you know, these individual stories really •• these actions that you take make a huge difference in the lives of these individual, and please consider doing all you can to make housing more available. Thank you.

CHAIRMAN MYSTAL:

Thank you. Laura Ahearn? She's not here; I know her, I know she's not here. Colette Coyne?

MS. COYNE:

Yes. I, too, would like to thank the Suffolk County Legislators for taking the lead in fighting skin cancer; they have done what our State has yet to do. But hopefully we'll follow your example.

I'm here to support the strengthening of the Melanoma Awareness Act. As I've said many times before, this is the fastest growing cancer in America and yet unlike many other diseases, other cancers, this can be prevented for the most part, and prevention is the must. The fact is there is no approved treatment that works if this cancer is not diagnosed early. All treatments are still in the clinical trial stage with not a lot of •• not a great prognosis on any of them. And the myth is that a fair-skinned individual is the one that will get skin cancer when, in fact, African-Americans can get this disease 20% less which brings their statistics to one in 75; they do have a higher

death rate and there has been a great increase in the Spanish community being diagnosed.

One in five will get some type of skin cancer, someone dies from melanoma every hour. So I commend the Legislature for their initiatives, particularly in the tanning regulation and I would propose that this committee examine other initiatives for prevention such as perhaps skin body exams being made available through the County mammo vans. Certainly in preparing budgets, shade covering should be thought about in our parks and recreational areas. We are a land of beaches here in Long Island and that is one of our great assets, but let us also protect our community through education and preservation of this growing cancer. Thank you again for what you've done in the past and I hope you will continue.

CHAIRMAN MYSTAL:

Thank you. Greg Fischer. Laura, I'll call you, don't worry about it.

MR. FISCHER:

Hi. My name is Greg Fischer, I'm a resident of Calverton. I'm a lobbyist and I'm here today to speak for Americans for Legal Reform; this is regarding Memorializing Resolution 34 which is in support of Assembly Bill A•10436 which is a bill to protect service persons and their children from some Family Court proceedings. I'm going to read from the bill under its justification which is, "This legislation will prevent the court from using deployment and military status as a detrimental factor in determining custody. It is a safeguard for military or militia personnel that put their lives on the line to protect our freedom."

What has been happening is the absence of parents due to their deployment has been construed in some cases to be abandonment, neglect and unfit parenting. This is disgraceful, absolutely disgraceful. And you have my personal promise that if this bill •• if this resolution is passed, that I will go around Albany personally and lobby for this bill. I would like to thank Mr. Mystal for his clarity and wisdom and sponsorship of this Memorializing Resolution. Thank you. Any questions, I'm free to answer.

CHAIRMAN MYSTAL:

No questions.

MR. FISCHER:

Thank you.

CHAIRMAN MYSTAL:

Thank you. Laura Ahearn, I called you before, I know you were talking to the Presiding Officer, so.

MS. AHEARN:

Thank you, Chairman. When an 84 year old elderly female was sexually victimized while laying motionless in her bed in a nursing •• skilled nursing care facility in your district, it opened up my eyes to the fact that maybe children aren't always the most vulnerable. So the most vulnerable can be, of course, the elderly and those that are incapacitated. And I wanted to thank this committee and Legislature for acting swiftly to pass a law, a Local Law to require that nursing care facilities inform other residents if they do have another resident sexual predator in their midst, so thank you very much for that.

I'm also here to support IR 1574 which would establish a policy for conducting medical exams at the Suffolk County Correctional Facility. I'm supporting this very strongly because it will set up a procedure to ensure that any time there's a medical examination conducted in the medical unit in Riverhead, what we're going to see now is two individuals from the medical unit present during the examination which will ensure a couple of things, not only for the safety of who's being examined, but •• examined rather, but also it's going to ensure that false allegations can't be lodged against really solid medical staff out there. And thirdly, because there is a current allegation that was made, we want to ensure that we don't have people jumping on board to try to sue the County for something that may have never happened.

So I just wanted this committee to be aware that I'm very supportive of this resolution. Thank you.

CHAIRMAN MYSTAL:

Thank you. That's all the cards that we have. We are going to proceed swiftly. Dr. Harper, I think I read the letter that ••

LEG. ROMAINÉ:

Dr. Graham?

CHAIRMAN MYSTAL:

You really want Dr. Graham; is he here? Do you really want him there?

LEG. ROMAINÉ:

I would like to ask him a few questions, you said I would have an opportunity.

CHAIRMAN MYSTAL:

Yes, Legislator Romaine, I did say that. Is Dr. Graham in the house?

MR. MARCHÉSE:

He'll be right back, he just had to step out.

CHAIRMAN MYSTAL:

He stepped out.

LEG. ROMAINÉ:

Why don't we proceed until he comes back.

CHAIRMAN MYSTAL:

Okay, we'll proceed with the agenda until Mr. Graham comes back and we will •• here he is now. Dr. Graham, please approach the sentencing table. Legislator Romaine has been, you know, just honing his guillotine, so he wanted to ask you a few pointed questions. I'm going to turn the floor over to Legislator Romaine, or any other Legislator who wants to ask a question, with my usual caveat; it is now 2:35, I assume you all have a home to go to, so let's go.

LEG. ROMAINÉ:

Yes. Doctor, I was going to ask you a number of questions, I really wanted to speak to Dr. Harper about the audits, which I hope every Legislator

received, concerning the offices of Water Resources, Pollution Control, Ecology and Waste Management. However, since Dr. Harper is not here, don't worry, gentlemen, my Chairman has asked me to be brief so I will pass on those questions till next month. I will assume •• I sat here since the beginning of the year, Dr. Harper came to one committee meeting and has avoided all the rest. I assume he will come to talk about his leadership and answer questions concerning his department at our next meeting.

However, since I have to be brief, my questions now go to an RFP that was issued, a Request For Proposal to provide temporary health care, professional staffing services for the Department of Health Services on behalf of Suffolk County. I was under the impression, and it may have been my fault that I have been mistaken, but I was under the impression that the reason that this RFP was circulated is because we had difficulty in recruiting RN's because our salaries are so low. Then I began to read the RFP, and it seems that we seem to be privatizing public health jobs, not only for Registered Nurses but for LPN's, for Certified Nurse Assistants, which I can't believe there's a shortage that you could not get, for Physical Therapists, for Physical Therapists Assistants, for Occupational Therapists Assistants, for Dieticians, both registered and diet technicians, and for a whole host of other people to work. And this not only •• I was also under the impression that this was just being done at the John J. Foley Skilled Nursing Home, it now seems that this is being offered for health clinics, for the Community Mental Health Hygiene Unit, for the Methadone Treatment Centers, from the Jail Medical Unit.

How many temporary people are we hiring? That's the first question. The second question will be are there not Civil Service lists with people on those lists who would take this job if offered? And then the third question is if that's the case, why are we privatizing public jobs that are in the Civil Service system?

CHAIRMAN MYSTAL:

That's the question?

LEG. ROMAINE:

Three questions.

CHAIRMAN MYSTAL:

Uh•oh; all right.

LEG. ROMAINE:

How many are we •• how many jobs are we circulating from this RFP?

CHAIRMAN MYSTAL:

Dr. Graham, welcome and you have the floor.

CHIEF DEPUTY COMMISSIONER GRAHAM:

I can address part of this, the rest of it we can look into and I appreciate the time to do that.

Yes, first of all, in reference to the specific nursing positions including RN's, Registered Nurses, Nurse Practitioners, License Practical Nurses and Certified Nursing Aides. I'm glad to report that we have just hired eight positions that I personally have signed off on in the past few weeks, they have been approved by the administration and ••

LEG. ROMAINE:

Then why are we doing an RFP?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Well, that's what •• you know, obviously, as I said, we'll look into •• I'll get more information on that specific RFP, I don't have it in front of me, I cannot reference that in particular at this time, but we have hired specifically eight RN's.

MR. MARCHESE:

I can help on that. Hi. Typically the RFP that you're mentioning is primarily used at the time nursing home.

CHAIRMAN MYSTAL:

Could you please identify yourself?

MR. MARCHESE:

Len Marchese.

LEG. ROMAINE:

That's not what the RFP says, sir.

MR. MARCHESE:

Well ••

LEG. ROMAINE:

So don't tell me what it typically does.

MR. MARCHESE:

What we did in the department when we issue •• and all departments do the same thing •• is you broaden the scope so in case there's a need in another division, you have the ability without having to repeat the RFP process. And if you had to repeat it, for instance, that you might have a need in another division and you didn't broaden the scope, it would take a long time to initiate that RFP. So in order to forego that, what we do is broaden the scope so it gives the department flexibility in the instance that we might need it in the future.

LEG. ROMAINE:

Which unit of the Health Department that has professional titles in it?

MR. MARCHESE:

I would have to look at that, I'm not sure.

LEG. ROMAINE:

Well, I did and it looks like every unit in the Suffolk County Department of Health Services that employ professional titles was included to give you the flexibility to do this. The question that it raises in my mind is how many people •• you're having a proposers conference •• you have technical questions due on June 8th to be mailed to the Purchasing Office and a Proposers Conference on June 15th. How many titles •• you obviously have to tell, and Purchasing doesn't know this, they get this information from

your department. How many titles did you tell Purchasing they could tell the private vendor they could hire, or were planning to hire in the coming year? Because to make a cogent bid, they would have to have some degree of the extent of personnel that would have to be hired. How many titles did you tell them would have to be hired?

MR. MARCHESE:

I'm not aware of how many titles, but you have the titles, you just listed them. These agencies provide temporary services not only to the Health Department, but to hospitals, other area agencies, whatever. They have staffing capabilities on an as-needed basis so that if we have a nurse that calls in sick on any particular day and we have to backfill that roll, we can call up that agency and rather than leaving a patient unattended, we have a nurse that would come and help us out at the nursing home or wherever it may be.

LEG. ROMAINE:

I understand that, sir. However, this RFP and you have the flexibility to do that without an RFP at this time and you definitely have that flexibility under the current, so don't mislead me down that road. This is for permanent staff replacements.

So now let's go and answer the question I originally asked; how many staff people are you going to be telling at the Proposers Conference that these vendors can expect to employ in the County service, how many? Not titles, numbers.

MR. MARCHESE:

It's not our intention to permanently replace staff.

LEG. ROMAINE:

Okay.

MR. MARCHESE:

So I don't •• you know, I don't think that that's what the RFP says, it's temporary staffing.

LEG. ROMAINE:

And by temporary, what do you mean by length of time?

MR. MARCHESE:

Well, just like I said, when a nurse calls in sick or there's a nurse that's on vacation and we need to backfill that position so that the care is uncompromised, we would then look to the nursing agency to fill that position.

LEG. ROMAINE:

So this is for a substitute care and only substitute care; is that correct?

MR. MARCHESE:

That's generally how we use the temporary staffing.

LEG. ROMAINE:

Excuse me, I'm going to ask you to take the adjective generally out of it and I'm going to say is this for substitute care only?

MR. MARCHESE:

Generally •• I can't tell you, I'm not at the nursing home right now, I'm not sure how they're using it, but we do have nurses, obviously we have a collective bargaining unit, we have nurses that are on staff, those are the nurse that we use. When there's a shortage of nurses that we can't fill the position or there's a nurse on vacation or a nurse calls in sick, we need to use agency nurses to help fill the gap so that we maintain patient care.

LEG. ROMAINE:

Let me go on with Dr. Graham for a few minutes until my Chairman cuts me off, which is very shortly. Dr. Graham, is the Health Department aware of any discussions that are taking place within the department or with the County Executive's Office or any proposals that have been generally discussed to either privatize the John J. Foley Skilled Nursing Home or to set up a separate health care corporation or to into a contract with Stony Brook, not only for the Skilled Nursing Facility but for health clinics, the Jail Medical Unit, the Community Mental Health Hygiene Units or the methadone treatment clinics. Are you aware of any discussions along those lines or

proposals that are under consideration?

CHIEF DEPUTY COMMISSIONER GRAHAM:

I believe that can be best addressed by representatives of the administration. I'm not aware of any significant nor effort to go along and follow the direction that you're suggesting.

LEG. ROMAINE:

Thank you, Doctor, and I'm going to end by asking for one last thing. If you become aware, at the moment you become aware, could you be so kind as to contact the members of this committee by phone or by fax? Thank you very much. Will you do that, sir?

CHIEF DEPUTY COMMISSIONER GRAHAM:

I certainly will respect your wish.

LEG. ROMAINE:

Thank you, Dr. Graham.

CHAIRMAN MYSTAL:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Doctor, I'd like to just follow•up on a couple of the questions that Legislator Romaine had. I briefly had an opportunity to just go ahead and see that RFP and the answers that

Mr. Marchese furnished I guess I'm somewhat troubled by because if the only matter that we were looking at was an attempt to go ahead and fill critical nursing shortages, the first question I pose to you is how many nursing positions do we continue to have vacant at this point in the department? And then secondly, why do we have an RFP that enumerates PT, PTA's, OT, OTA's and a balance of the compliment that you see in a continuum of care, not necessarily the critical care associated with delivery of nursing but the ancillary services.

I find this to be something that in my opinion is moving beyond fulfilling our obligation to care for the patients we have in the health care facility. What

do we do now, Doctor? If an OTA doesn't show up, are we going to an agency?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Actually, there are a number of ways of dealing with it. I think obviously our interest is to have full•time professionals performing their services in our Skilled Nursing Facility and our correctional facilities and our health centers throughout our health care system. And in many instances, additional hours of overtime are offered to individuals who are working in those full•time, Civil Service positions and I think that is the proper way to address the shortages.

As I stated earlier, that we have recently had eight nursing positions which include Registered Nurses, Licensed Practical Nurses, Nurses Aides, etcetera, of which the majority are going to the Skilled Nursing Facility just recently, so I'm very pleased to see that happen. And I'm not familiar, as I said, with this RFP until I have a chance to review it. Perhaps ••

LEG. KENNEDY:

There's •• I personally have an element of concern because I hear in your comments to me the concern that we have about delivering care and I couldn't agree with you more. But the caveat and the additional piece I guess that needs to be stressed there is by our municipal employees because we are a municipal health care facility which we operate under the Taylor Law and we're governed by all of the collective bargaining obligations on the part of the administration with the work force. So now I have to turn to Counsel and ask Counsel, does this go ahead and violate the obligations on the part of the administration when we're looking at our responsibilities, vis•a•vis the Taylor Law?

MR. NOLAN:

Well, I can't give you an answer right now. I'm going to get the RFP from Legislator Romaine, I'll take a look at it as quickly as possible and see if the Taylor Law is implicated in this and I'll give you an opinion as soon as I can.

LEG. KENNEDY:

Well, and then there's another thing that I'm going to ask you, Counsel, to

take a look into. In my opinion, this is a significant and profound policy decision that's being made to move away from adequately staffing our primary long-term residential health care facility with the private sector; how does that occur without it ever having come to us?

MR. NOLAN:

Again, I think if the County was, for argument's sake, privatizing a function that was traditionally performed by employees, that would raise an issue because this is the policy making body of the County. But again, I don't have enough information right now to make •• to give you any opinion as to whether or not there's been some type of •• if there is a problem in that regard.

LEG. KENNEDY:

Thank you, Counsel. Thank you, Mr. Chair, for the indulging. I just, again, I don't understand how these things happen. We talk constantly about transparency and notice and this is a seat change.

CHAIRMAN MYSTAL:

Thank you, gentlemen. Thank you, Dr. Graham. Thank you, you guys are done.

I have one last card that I'm going to call and after that I'm going to go to the agenda. I would suggest that everybody pay close attention today because I'm going to go through it so fast it will make your head spin. Linda Gucel.

MS. GUCEL:

Thank you. My last name is pronounced Gucel, Linda Gucel. Thank you for giving me this opportunity. My name is Linda Gucel, I'm a Registered Nurse at the Suffolk County Department of Health. I came here to show support for my coworkers. I am also a Unit Officer within Suffolk County AME, my Patient Care Unit represents the majority of the nurses, all the various titles and all the Public Health Nurses in the County.

I work in one of the County operated clinics which is half privatized and half County and I'll just basically speak to what I do know. I have seen several

of my County coworkers, RN's, transferred to the hospital for the better pay, and ironically it's the County that is contracting out to the hospital for their services. So in effect, the County is paying more for the hospital's nurses salaries than they are for the County nursing salaries.

I'm not a Public Health Nurse, those women are very dedicated to their field, have more education than me, I have a two year degree, but I do listen to them and hear their concerns and represent their concerns within my union. They do have a very difficult job and I don't think I could do what they do, the hours they put in. I hear their concerns when their services extend beyond the allotted hours during the day, they take work home, they come to the lunch hours, they give up their breaks, they're very dedicated to what they do and serving the patients and the needs of the County.

I have seen a lot of the County nursing positions left vacant at the clinic where I work and I've seen the hospital positions filled. So this is pretty much what I have to offer to you. Like I said, I just wanted to speak to what I do know as far as my position and what I've seen as a nurse in the County. And I thank you for your time and attention all these months and all this time to this issue and for your support to the nurses, we really appreciate it. Thank you very much.

CHAIRMAN MYSTAL:

Thank you very much. We are now going to proceed to the agenda. Alison, are you ready?

MS. MAHONEY:

Yes.

CHAIRMAN MYSTAL:

I'm not even going to read them.

Tabled Resolutions

IR 1142•06 • (A Local Law establishing Suffolk County Citizens Public Health Protection Policy by requiring display of public warning notices regarding pesticides (Presiding Officer/County Executive).

Motion to table.

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Second. Motion to table. All in favor? Abstentions? No?

Tabled (VOTE: 5•0•0•0).

IR 1226•06 • (A Local Law creating the East End Health Care Task Force (Romaine)). Motion to table.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second from Legislator Stern. All in favor? Abstentions? No?

LEG. ROMAINE:

No.

CHAIRMAN MYSTAL:

Romaine no; tabled.

LEG. KENNEDY:

No.

CHAIRMAN MYSTAL:

Jack, did you say no?

LEG. KENNEDY:

Yeah, I put up, too. ***Tabled (VOTE: 3•2•0•0 Opposed: Legislators Romaine & Kennedy).***

Introductory Resolutions

CHAIRMAN MYSTAL:

1525•06 • (A Local Law to establish responsible euthanasia standards at animal shelters (Alden)). Motion to table by myself, seconded by Legislator Stern.

LEG. ROMAINE:

Can I ask the Chairman why we must table this?

MR. ZWIRN:

Public hearing.

CHAIRMAN MYSTAL:

I said no questions. Yeah, we have to •• I'm sorry, I just making a joke, Ed. Motion to table, vote to table? Unanimous, okay?

Tabled (VOTE: 5•0•0•0).

1561•06 • Approving the reappointment of Cristina C. Bonuso as a member of the Suffolk County Youth Board Coordinating Council representing Legislative District No. 5 (County Executive). She's here; if anybody wants to hear from her, please •• we have to at least know the person. Come on up. You have the floor for two minutes.

MS. BONUSO:

Thank you. Despite suffering two flat tires from an inconveniently placed pothole on the way here, I am here and I'm very happy to be here.

CHAIRMAN MYSTAL:

See your Town supervisor.

MS. BONUSO:

As a lifelong advocate for youth, be it as a parent or a teacher or a community leader, I'm very honored to have this opportunity to serve the youth of Suffolk County on the Youth Board and I appreciate the reappointment. Thank you.

CHAIRMAN MYSTAL:

Any question?

LEG. VILORIA • FISHER:

Thank you, Chris, for the time you put in.

MS. BONUSO:

Thank you.

CHAIRMAN MYSTAL:

Thank you. Motion to approve.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Stern. All in favor? Abstentions? No?

Motion passed, ***approved (VOTE: 5•0•0•0).***

IR 1564•06 • (Amending the 2006 Adopted Operating Budget to accept and appropriate additional 100% State Aid form the New York State Office of Alcoholism and Substance Abuse Services to WSNCHS East, Inc./South Oaks Hospital for Gambling Services (County Executive)). Motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Also to put on the consent calendar. All in favor? Abstentions? No? Motion passes, ***approved and placed on the consent calendar (VOTE: 5•0•0•0).***

1565•06 • (Amending the 2006 Adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Mental Health to existing Case Management Programs in Suffolk County (County Executive)). Motion to approve.

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Seconded by Legislator Stern. Same motion, same consent calendar.

Approved and placed on the consent calendar (VOTE: 5•0•0•0).

1566•06 • (Amending the 2006 Adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Alcoholism and Substance Abuse Services to the Town of Smithtown•Horizons for Medically Supervised Outpatient Services (County Executive)). Same motion, same vote, consent calendar.

MS. ORTIZ:

Same second.

CHAIRMAN MYSTAL:

Same second. ***Approved and placed on the consent calendar (VOTE: 5•0•0•0).***

1567•06 • (Amending the 2006 Adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Mental Health to the Suffolk County Department of Health Services, Division of Community Mental Hygiene Services for various contract agencies (County Executive)). Same motion, same second, same vote, consent calendar. ***Approved and placed on the consent calendar (VOTE: 5•0•0•0).***

1568•06 • (Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Firearm Lab Capacity Enhancements Initiative (County Executive)). Same motion, same second, same vote, consent calendar. ***Approved and placed on the consent calendar (VOTE: 5•0•0•0).***

1569•06 • Amending the 2006 Adopted Operating Budget to reallocate funding within the Suffolk County Department of Health Services, Division of Patient Care Services to match funding as requested by the New York State Department of Health (County Executive). Motion to approve.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Stern. All in favor? Abstentions? No?

Motion passed, **approved and placed on the consent calendar (VOTE: 5•0•0•0).**

1570•06 • (Amending the 2006 Adopting Operating Budget to accept and appropriate 100% additional State aid from the New York State Office of Alcoholism and Substance Abuse Services to the Town of Huntington/Starshine for Medically Supervised Outpatient Services (County Executive). Motion.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Stern. Put on the consent calendar. All in favor?

Abstentions? No? Motion is approved, **approved (VOTE: 5•0•0•0).**

1574•06 • Establishing County policy in connection with conducting medical examinations at the Suffolk County Correctional Facility (Schneiderman). This resolution was just sent to this committee from another committee, I don't know what happened, we must have misassigned it. So I'm going to make a motion that we table it so we can have a little bit of a better understanding of it; I don't know where it was before.

LEG. VILORIA•FISHER:

Maybe it was in Public Safety.

CHAIRMAN MYSTAL:

Go ahead, Legislator Eddington.

LEG. EDDINGTON:

It was in Public Safety and we found that there was an agreement that it would be better facilitated through the Health Department than the Sheriff's Department since it is health professionals that would be doing it.

CHAIRMAN MYSTAL:

Thank you. So I'm going to make a motion to table it so we can look at it at the next committee meeting. Motion to table, seconded by Legislator Stern. All in favor? Abstentions? No? ***Motion is tabled (VOTE: 5•0•0•0).***

1575•06 • Creating the Suffolk County Health Care Task Force (Romaine).

LEG. ROMAINE:

Motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Okay, motion to table.

LEG. STERN:

Motion to table, second.

LEG. ROMAINE:

Could I ask in the debate portion on the motion to table, what is the purpose of tabling it? I believe myself and my cosponsor, Legislator Schneiderman, has worked with the County Exec's Office to craft a Health Care Task Force that is now County wide as opposed to east end. The language changes went over with the Executive staff, so I'd like to understand the reason that the motion makers have given for their desire to table this.

CHAIRMAN MYSTAL:

Ben?

MR. ZWIRN:

The County Executive has had an objection to this, he thinks it's a big •• it's a 22 member task force and, you know, we're getting tired of sending people to go to all the task forces that have been gone forward. But it is a County•wide task force, so the County Executive wouldn't have an objection.

CHAIRMAN MYSTAL:

I will withdraw it. You know, the reason why ••

P.O. LINDSAY:

I have a question to Legislator Romaine; does that mean that you're going to withdraw the East End Health Care Task Force.

LEG. ROMAINE:

Yes because I don't need legislation to do that. Legislator Schneiderman and I will go ahead and appoint a task force to serve and recommend, make their recommendations to us; there will be an East End Health Task Force. But in the interim, the County Task force was recommended by the Executive, we saw no harm in that. Obviously I do believe there are health care issues out there and the delivery of health care services, not only on the east end but County•wide that should be examined.

I sit in this committee, other members sit, they're not indifferent to a lot of people that come and explain some of the difficulties that they're facing, some of the gaps that we have in the delivery of health care services and some of the problems that there are in health care services that I truly feel an independent task force would benefit from doing. I definitely think it's something worth while for the County and that's why we were willing to forego an east end task force and listen to the Executive and go with a County wide so it will benefit ••

CHAIRMAN MYSTAL:

We're about to approve it; I'm going to withdrawn my table.

LEG. ROMAINE:

There we go.

CHAIRMAN MYSTAL:

The tabling motion is withdrawn. Motion to approve by Legislator Romaine, seconded by ••

LEG. EDDINGTON:

I'll second.

CHAIRMAN MYSTAL:

•• Legislator Kennedy and Eddington. All in favor? Abstentions? No? Motion carries, ***approved (VOTE: 5•0•0•0).***

1578•06 • Approving the appointment of Benjamin J. Luft MD as a member of the Suffolk County Board of Health (Presiding Officer).

P.O. LINDSAY:

Both the next two, 78 and 79, they're both Doctors, I tried to get them here, they're at a medical conference. If I could have the indulgence of the committee, I'd like to have them here on Tuesday.

CHAIRMAN MYSTAL:

No problem.

P.O. LINDSAY:

If you could either discharge without recommendation or approve it conditionally on they appear before the full body on Tuesday.

LEG. ROMAINE:

Motion to approve.

CHAIRMAN MYSTAL:

Second.

MR. NOLAN:

Is this 1578?

CHAIRMAN MYSTAL:

Yeah, 78. Motion to approve 78. All in favor? Abstentions? No?

78 is approved (VOTE: 5•0•0•0).

1579•06 • (Approving the appointment of David K. Parkinson as a member of the Suffolk County Board of Health (Presiding Officer)).

Same motion, same second, same vote. **Approved (VOTE: 5•0•0•0).**

1583•06 • (Directing the Department of Health Services to conduct a health assessment of Crab Creek, Shelter Island for dredging purposes (Romaine)).

LEG. ROMAINE:

Motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Okay, this one I don't understand. I'm going to make a motion to table just so I can have a little discussion.

LEG. ROMAINE:

There's a motion to approve, we can discuss on that motion.

CHAIRMAN MYSTAL:

Okay, we'll discuss on that motion. Ben, what's this?

MR. ZWIRN:

I think it's part of the process of moving on dredging. The Health Department has to do an assessment to show that it would be worth while from a health perspective and we don't have any objection, we don't have a problem with that.

CHAIRMAN MYSTAL:

Okay. Motion to approve by Legislator Romaine, seconded by Legislator

Kennedy. All in favor? Abstentions? No? Motion carries, ***approved (VOTE: 5•0•0•0)***.

1644•06 • (Adopting Local Law No. 2006, a Local Law to strengthen the Colette Coyne Melanoma Awareness Act (Viloria •Fisher). Motion to table for a public hearing. Seconded by Legislator Stern. Yes? No? Abstentions? Motion carries, ***tabled (VOTE: 5•0•0•0)***.

1657•06 • Establishing a policy requiring the use of mercury•free vaccines in County Health Centers.

LEG. STERN:

Motion to approve.

LEG. ROMAINE:

Second.

CHAIRMAN MYSTAL:

Seconded by everybody around the horseshoe; pick one. We'll call the vote; yes? Abstentions? No? Motion carries, ***approved (VOTE: 5•0•0•0)***.

LEG. ROMAINE:

Would the Clerk please record me as a cosponsor for this resolution?

CHAIRMAN MYSTAL:

The whole committee.

LEG. ROMAINE:

The whole committee. Thank you.

CHAIRMAN MYSTAL:

Apple pie.

Memorializing Resolutions

M•032 • (Memorializing Resolution requesting the New York State Legislature to pass the Mental Health Parity Bill known as "Timothy's Law" (Stern). Mr. Stern, what would you like to do about M032; would you like to approve?

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Seconded by myself. All in favor? Abstentions? No? Motion carries, ***approved (VOTE: 5•0•0•0).***

LEG. ROMAINE:

Would the Clerk please record me as a cosponsor.

CHAIRMAN MYSTAL:

M•034 • (Memorializing Resolution requesting the State of New York to amend the Domestic Relations Law in connection with determinations of child custody in matrimonial actions (Mystal).

Motion to approve by myself, seconded by Legislator Stern.

P.O. LINDSAY:

What does this do?

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Some of our veterans are being punished, when they go away the wife or husband while the person is not there. Okay, motion to approve.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Stern. All in favor? Abstentions? No?

Motion carries, ***approved (VOTE: 5•0•0•0).***

LEG. ROMAINE:

Would the Clerk please record me as a cosponsor? And congratulations to Mr. Fischler, Greg, who's done a great job on this issue.

CHAIRMAN MYSTAL:

Greg, good job.

LEG. EDDINGTON:

Cosponsor.

CHAIRMAN MYSTAL:

M•035 • Memorializing Resolution in support of the Combating Autism Act of 2005 (Stern). Legislator Stern?

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Seconded by myself. All in favor? Abstentions? No? Motion carries, ***approved (VOTE: 5•0•0•0).***

LEG. ROMAINE:

Would the Clerk please record me as a cosponsor?

CHAIRMAN MYSTAL:

One last resolution that is not on the agenda is a Home Rule Message requesting the State of New York to authorize the County of Suffolk to enforce State Law regulating pet dealers.

MR. NOLAN:

We did that at the last meeting.

CHAIRMAN MYSTAL:

I thought we approved that the last time.

LEG. EDDINGTON:

What dealers?

P.O. LINDSAY:

Pet, pet.

CHAIRMAN MYSTAL:

The pet dealer thing.

MR. NOLAN:

Yeah, it was approved already.

CHAIRMAN MYSTAL:

It was approved already. Okay, we are adjourned. We all can go home.

(*The meeting was adjourned at 3:01 P.M.*)

***Legislator Elie Mystal, Chairman
Health & Human Services Committee***

_ _ • Denotes Spelled Phonetically